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VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 48-0)

### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give recidence of mother)
(1)	Statellest Orginia County Hampshere
City or town (If outsida city or town limits, write RURAL and give nearest town)	City or town Okonoko
How long in above place of death?	(If outside city or town limite, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Menther am alley	1 . None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temal white Married.	20. DATE OF DEATH G - 20 - Y 6 19 21 12 Horne
William Illere	21. I CERTIFY that death occurred on the date above stated; that I attended daceased from
6.(b) Name of husband or with the state of hu	8-1- 1946 10 9-20-1986
7. Birth date of	and that I last saw h. A. slive on
deceased (mo., day, yr.) Macs 3 / 8 8	Immediate cause of death
8. AGE: Years   Months /   Days   If less than one day	
64 4 17hrs.,mln.	cauch you and to myler
67 / / / / / / / / / / / · · ·	
9. Birthplace	Oue to
(Town, county, and state)	
10. Usual occupation	Due to
11. Industry or business Con Love	
= 12 Name Jonathan Day	Other conditions.
	Other Continues
13. Birthplace West Offgue	(Include pregnancy within 3 months of death)
14. Maiden name Maky Uww Delston	Major findings of operations.
15. 8irthplace West Virginia	
£ 1000 1	
16. Informant Call St. Call	Antopsy results
Address (leas blown Ind.	
13.14 in 1 2 1946	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlal, cremation, or removal. Which?)  Date thereps (	Accident, suicide, or homicide
Cemetery or crematory Aslew	Where did injury occur?
1 / 1/0	
Location All My Wing	injured at home, farm, industry, public place (where?)
18. Funeral director. Um. H. Mckee	Means of Injury Injured at work?
A + 10/1/2	( h) (1)
Address (Mgush, 1711)	23. SIGNATURE a Phurp MI
1. S. S. F. D. J. Y. M. N. N. M.	23. SIGNATURE M. D. or other
(Date red'd by registrar)  Registrar	Address Date signed 4-40-46

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#### MARYLAND STATE DEPARTMENT OF HEALTH

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Reg.	Diat.	No. 0

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2411 N. Charle	s St., Baltimore 140
CERTIFICAT	E OF DEATH Reg. Diat. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give resideace of mother)  State  County  City or town  (If rural, give LOCATION)  2. (a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
James Amy (underson	216-05-5826
4. Sex 5. Color or Face 6.(a) Single. married, widowed, or divorced  Male Obrite Plarried	MEDICAL CERTIFICATION  20. DATE OF DEATH 1946, at 930 A. N
8.(b) Name of husband or wife Lannul Tallelle Curderal	7/21 I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) fune 30 / State of decea	and that I last saw h & M. afro & D. Saft 29 is 44.  Immediate cause of death.  DURATION  at ance
9. Birthplace Land Market Grown, and state group tos. The Town, contry, and state group tos. The 10. Usual occupation Machinginat  11. Industry or business Collans est Comporations	Due to 22 hory siffe sullet in Brain  Ous to.
E 12. Hame James anderson	Other conditions
11. Maiden oame Colinal eth Holanger  11. Maiden oame Colinal eth Holanger  15. Birthplace Pansylvaria	(Include pregnancy within 8 months of death)  Major findings of operations
16. Informant Jihn Ill. anderson	Aatopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address (Marial, cremation, or removal, Which?)  Date thereof (month) (does) Ayear)  Cemetery or crematory 1. 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	22. VIOLENCE: If death was due to external causes, till in the following;  Accident, suicide, or homicide
Location Myscow, Mid	Injured at home, farm, Industry, public place (where?)
18. Funeral director M. Lichhorn Address Lynaconing, Ind.	Meens of Injury Injured at work?
19. Soft 30 19 46 Jahnetten Boal Registrar	Address Advantage M. D. or other  Address Advantage M. D. or other  Bate signed 9,29,44

CT 2 1946

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411	N.	Charles	St.,	Baltimore	1894
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#### CERTIFICATE OF DEATH

			4
Reg.	Dist.	No.	

1. PLACE OF DI	A77a	gany		City or town		
			URAL and give nearest town)			
			:UKAL and give nearest town)			
Hospital, Institution, o	r street addrese where	death occurred	l:	Street No. 103 Washingto		
TC	3 Washin	gton S	St.	(If rural, give I		
				2.(a) If veteran, name war		
3. (a) FULL NAM					3. (b) Social Security Number	
		·	hken Bane		None	
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced		RTIFICATION	
Female	White	1	Married	2D. DATE OF DEATH. Sest 121	1946 31.830P	
6 (b) Name of husbans	or wife Isa	вс Н.	Bane	21. I CERTIFY that death occurred on the date above	e stated; that I gitended deceased from	
			c) If alive, give ageyears	mcl 15th 194		
7. Birth date of deceased (mo., day,	Dea			and that I last saw halive on		
8. AGE: Year		Days	If lese than one day	Immediate cause of death	DURATION	
73	8	10	hre min.	Corolnal We	morriage sum	
a Birthulana H	llk Garder	n W	Va .	Due to.	V	
9. wirthplace			Va.	DUG (U		
1D. Usual occupation.	House	Wile		Due to.		
11. Industry or busine					0,	
12. Name	ohn A. Ne		1	Other conditions. Saralysis	cegh mare 3 min	
13. Birthplace	Oakland			(Include pregnancy within 3 m	on the of Joseph)	
置 14. Malden name	Mary Ani	n Bran	ıdt			
15. Birthpiace	Elk Gard	den, V	v. Va.	Majnr findings of operations		
16 Informant Mr	. Isaac l	H. Bar	ne	Autopsy results.		
			. Cumberland . M	DUVCICIAN. Plane and sline the same to whi		
16.	. 0			22. VIOLENCE: If death was due to external caus		
(Burial, cremation	n, or removal. Which?	Date ther	(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or cremat	tory Rose	Hill	Mausleum	Where did injury occur?(City or town)	(County) (State)	
Location	Cuml	perlar	nd, Md.	Injured at home, farm, industry, public place (whe	ere?)	
18 Funeral director	Charles 1	L. Geo	n:ge	Meane of Injury	Injured at work?	
Address.	Cumber			Ø 40.	2 111 9	
1,1	/	0	2+ 11 . X. X	23. SIGNATURE	M. D. or other	
19. Deta to	3 19 4 6 egistrar)	1 XI	Franklin, M.D.	Address Dum Felan	d und Date signed 9 2 4 4	
(Date fee d by r	egistiar)		registrat	II ADDIESS	Date signed	

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PLEASE WRITE

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (59)

### CERTIFICATE OF DEATH

	03	16	n	8	^
	-		0	-	0
Reg.	Diat.	No.			7

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (Fog newborn infanta give residence of mother)		
County.	Marinary (Illegane		
City or town	State. County County		
Now long in above place of death?	City or town		
Hospitaty Institution, or street address where death occurred:	Street No.		
317	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME Johnny Bars	3. (b) Social Security Number		
4. Sex S. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH A TOO NO. 18 46 of 700 M		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
years	9/22 19.46, 10. 7/2 4 19.66		
7. Birth date of deceased (mo., day, yr.) 9/22/46	and that I last saw h		
8. AGE: Years Months Days If less than one day	Immediate cause of death		
9. Birthplace Touthand and state)	Due to.		
10. Usual occupation.	Que to		
11. Industry or business			
12. Name Ahrring Barnes 13. Birtholace (Cablama)	Other conditions		
# 14. Maiden name Praince fellew	(Incinde pregnancy within 8 months of death)  Major findings of operations		
15. Dirthplace Eckhart Md	Date of op.		
16. Informant John Holmmy Johns	Autopsy results		
Address M. M.	22. VIOLENCE: If death was due to external causes, fill to the following:		
(Bnrini, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory. It Much be a Casualing	Where did injury occur?		
Location Tarable and Jana Control	Injured at home, farm, industry, public place (where?)		
0 111 000 -	Means of Injury Injured at work?		
18. Funeral director	11. PA De ala li Atra Dun		
Address Trestly of VIP	23. SIGNATURE ALL BULLLAND M. D. or other		
19. 7-2 (Date rec'd by registrar) 19. 46 Mus. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	Address Frostburg We Date signed 4/2×146.		

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Reg.	Dist.	No.	

OTOMIT	FICATE	OH	TO 27 4	PRINT I
		7 1 1		

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (Por newborn infants give residence of mother)
County	State Maryland County Allegany
City or town	
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No. The Street
How long in hospital or institution?	2.(a) If visteran, name war Aland Mary II
3. (a) FULL NAME	3. (b) Social Security Number
John Edward Bo	ston 710-09-5610
4. Sez 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH  20. DATE
6.(b) Name of husband or wife filliam Fisher	20. DATE DF DEATH
T. Birth date of deceased (mo., day, yr.) Shan 15 1910	and that I last saw h. f. M. alive
8. AGE: Years Months Days If less than one day	Immediate cause of death
36 3 19nin.	Cardine dilatation it once
9. Birthplace Down, county, and state)	Due to.
1D. Usual occupation. Postus	Due 1o
11. Industry or business Br Orly.	
12. Name of from Sterry 50 50 50 50 50 50 50 50 50 50 50 50 50	Other conditions
14. Maiden name Leona Brown	(Include pregnancy within 3 months of death)  Major findings of operations.
14. Maiden name Litra Brownly A. Va	Date of op.
16. Informant Prop Kallians 3 ostron	Autopsy results
Address completend and	22. VIOLENCE: It death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) where the second month (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Matural Club	Where did injury occur?
Location Dufton It. Va	Injured at home, farm, Industry, public place (where?)
18. Funeral director Louis Steins Sons	Means of Injury Injured all work?
Address Cara-bealened.	nebuth medical
111 0 0 A. L. Ma	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar)	Address Cambrilland Med Date signed 9 14/46

VS A15

SEP 10 1945
BUREAU V. K.

#### MARYLAND STATE DEPARTMENT OF HEALTH

#### CERTIFICATE OF DEATH

Within corp		PARTMENT OF HEALTH
) ag	2411 N. Charle	s St., Baltimore 1240
(M)	CERTIFICAT	E OF DEATH Rog. Diat. No.
ormation carefully. The correct death clearly and legibly.	1. PLACE OF DEATH:  County City or town. (If outside city or town limits, write RURAL and give nearest town)  How long in above place of dealh?  Hospital, institution, or street address where death occurred:  306 Antonia Market Marke	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn Infants give residence of mother)  State Many and County County County (If outside city or town limits, write RURAH and give nearest town)  Streef No. 30 6 Many and County C
information	3. (a) FULL NAME molori Branda	3. (b) Social Security Number  414 - 05.7842
infe	4. Sax 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH.  MEDICAL CERTIFICATION  1946 of 245 p. N
BID Ty i	8.(6) Name of husband or wife Settle Soronford.  8.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above stated; that Lallended deceased from
XVED FOR B Supply every lease write th	7. Sirth date of deceased (mo., day, yr.) Jan 10 1903  8. AGE: Years Months Days If less than one day	and fhaf I last Saw h alive on the last Saw h DURATION  DURATION
RESERVED FINK. Supp	43 7 22 min.	Due to
0 0	9. Birthpiace (Town, county, and state)  10. Usuat occupation.	live culons 230
ARGIN FADING Physic	11. Industry or business  12. Name D H Brand  13. Birthplace	Other conditions
ta la	13. Birthplace	(Include pregnancy within 3 months of death)
	14. Malden name and	Major findings of operations.  Bate of op.
NLY, ecially	Address to moderland	Aatopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
PLAINLY, is especially	17. Burial, cremation, or removal. Which?)  Date thereof. Day (day) (year)	22. VIOLENCE: If death was due fo externat causes, fill in the following;  Accident, suicide, or homicide
9.45-13 WRITE	Location Crember Succession That	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)
SE W	18. Funeral director Joseph States Select	Msana of Injury Injured at work?
VS A15	19 Select 4 19 46 J. P. Franklin M. A. Registrar (Datdirec'd by registrar)	23. SIGNATURE.  M. D. or other  Address Date signed 9.3.3.4

SEP 10 1946
BUREAU V. K.

#### MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

1/100	VUO.
a Dist No.	4

Reg.	Diat.	No.
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corporate ilm	MARYLAND STATE DI 2411 N. Charl	EPARTMENT OF HEALTH lea St., Baltimore 740
rect	CERTIFICAT	TE OF DEATH Reg. Dist. No.
Clearly and legibly Contament of Clearly and legibly How long is Hospital, in Hospital, in Hospital, in How long is	nstitution, or street address where death occurred:  Memorial Hospital  In hospital or institution?  6 Days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn lafants give residence of mother)  State
3. (a) F	ULL NAME	3. (b) Social Security Number
de	Norman W. Brant	705-09-9985
4. Sex	5. Color or race   6.(a) Single, married, widowed, or divorced  Narried	MEDICAL CERTIFICATION  20. OATE OF DEATH.  9 5 19 21 9 6
6.(6) Name of the control of the con	4 5 20 hrs. min.  ace Cumberland, Allegany Co, Maryland (Town, county, and state)  Wachinest  ry or business Baltimore & Ohio Railroad  ame. Leonard Brant  irthplace Hazen, Pa	21. I CERTURY that death occurred on the date above stated; that I attended deceased from
Address  Address  Address  Address  Address	Ant. Mrs. Pauline Kenney  15 414. Hill St. Cumberland, Md.  Burial 9/20/46  (cremation, or removal. Which?) (month) (day) (year)  17 or crematory Zion Memorial Cemetery  Cumberland, Md.  And Cumberland, Md.  Cumberland, Md.  Cumberland, Md.  Cumberland, Md.  And Cumberland, Md.  Registrar	Autopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide

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SEP 25 1946

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#### MARYLAND STATE DEPARTMENT OF HEALTH

## 45 CERTIFICATE OF DEATH

			DEPARTMENT OF HEAI		08606
		1454 CERTIFICA	ATE OF DEATH	* F	Reg. Dist. No.
1. PLACE OF DEATH	i:		2. USUAL RESIDENCE (H (For newborn infants give	OME) OF DECE	ASED:
		egany			
City or fown(If outsi	Cumber la	and hits, write RURAL and give nearest town)	State	County	-1105any
How long in above place of d	eath? 67-X1	s 3 Mo 7 Days	City or town(If outside city	or town limits, write R	URAL and give nearest town)
Hospital, institution, or sire	et address where d	eath occurred:	Street No. 707. I	Sedford St	
		St		(If rural, give LOCATIO	
How long to hospital or ins	titulion?		2.(a) If veteran, name war		
3. (a) FULL NAME				3. (b)	) Social Security Number
		Ildred Brubaker			None
	Color or race	6.(a) Single, married, widowed, or divorced	MEI	DICAL CERTIF	ICATION
Female	White	Married	20, DATE OF DEATH Set	tember 27	19.46
deceased (mo., day, yr.)  8. AGE: Years	Months	10 7 1879  Days   II less than one day	Immediate cipie of Math.	on 9	- 76 - 1
67	3	20hrs.	nin.	en(af	also
8. BirthplaceCumbe	rland, A	llegany Co, Maryland	Due fo		
10. Usual occupation		House Wife	9	000000000000000000000000000000000000000	**************************************
11. Industry or business		Own House	Due to		***************************************
12. Name	Joh	B. Pitzer	Dither conditions	races	iteais
13. Birtholace	Cumb	erland, Md.	15 t	ney within 3 months of	7
14. Maiden name	Jan	Rebecce Byroad		71-	deach)
15. Birthplace		berland, Md.	Major findings of operations		Date of on
		Brubaker		عدم	Date of op.
		St. Cumberland, Md.	PHYSICIAN: Please underline the	he cause to which death	should be charged statistically
			22. VIOLENCE: If death was due		
17. Buri	removal. Which?)	Date thereol 9/29/46 (month) (day) (year)	Accident, suicide, or homicide		Date of
Cemetery or crematory	H	ill Crest Cemetery	Where did injury occur?	City or town)	(County) (State)
		mberland, Md.	Injured at homo, farm, Industry, p		
		n H. Kight	Means of Injury	2	Injured af work?
			95	In. I	80/11.
Address	Cumber	Df 11	23. SIGNATURE	<b>.</b>	Mellin
12 A A 2	1.46	* 1. Markheir M	(1)	1 0	O M. D. Or Somer

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#### MARYLAND STATE DEPARTMENT OF HEALTH

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M	Dan	Dist No	4

	TE OF DEATH  Reg. Dist. No4
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
County	City or town
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME Phillip Butter	3. (b) Social Security Number None
5. Color or race 6.(a) Single, married, widowed, or divorced  Male White Single	MEDICAL CERTIFICATION  20. DATE OF DEATH SELECT 2 1944 2530 P.
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) February 25 1887	and that I last saw h A all the Lagran 2 18 ##
7. Birth date of deceased (mo., day. yr.) February 25 1887  8. AGE: Years   Months   Days   If less than one day   59   6   17	
9. Birihplace Cumberland, Allegany Co, Maryland (Town, county, and state)	Due fo
9. Birthplace Cumpertant, Altegaty Co, Mary Tank  10. Usual occupation. Retired Tin Mill Employee  11. Industry or business N. G. Taylor Co	Due to
12. Name George Butler 13. Birthplace Cumberland, Md.	Other conditions
E 14. Malden name Laura Showacre	(Include pregnancy within 3 months of death)  Major fiadings of operations
15. Birthplace Oldtown, Md.  16. Informant Miss Clara E. Butler	Autopsy results
Address 39. Lamont St. Cumberland, Md.  Purial 9/15/46  (Burlal, cremation, or removal. Which?)  Date thereof (month) (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory. Rose Hill Cemetery.  Location Cumberland, Md.	
18. Funeral director	Means of Injury Injured at work?
19 Sept. 14 19 46 Jos. P. Tranklin, M. A. Registrar	23. SIGNATURE M. D. or other  M. D. or other  Address Cambrilland 2004 Date signed 9: 13 / K.

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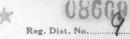
PLEASE

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (312)

#### CERTIFICATE OF DEATH



1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County County	State Salin County, allegan
Cily or town (If outside city or town limits, write KURAL and give nearest town)	4 /2/ +3 . / . / )
How long in above place of death?	(If outside city or town limits, write RURAL and citie nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
James Charles to	aster More
4. Sex 5. Color or race 8.(a) Single, married, widowed, or disserced	MEDICAL CERTIFICATION
male while married	20. DATE OF DEATH September 20 19 Ho at 3 4 M
Willia Comment	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife 70	Sept 1 13/16 & Light 20 19/16
7. Birth date of	and that flast saw h / M alive on Alf T. TO 19 My
deceased (mo., day, yr.) Mar 18 Th 10 16	Immediate cause of death
8. AGE: Years Months Days It less than one day	OND
70 6 8hrsmin.	G-V-Ruse Husing 240.
9. Birthplace (ache transfer to frame, by d. (Town, county, and state)	Due to
1D. Usual occupation	Due to
11. Industry or business Tracery	WC 10
12. Name E Santa 13. Birthplace E Salata 14.	Dther conditions
13. Birthplace Colored My My	(Include pregnancy within 3 months of death)
14. Maiden name Danas Tax	Major fiedings of operations
2 15. Birthplace Cochhart myd	Date of op
16. Informant the good to the Contract of the	Actopsy results
Address techhart mues, ma.	
17 Busial Date thereof 2-28-1946	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which)  Date thereot month) (day) (year)	Accident, sulcide, or homicide
Cemetery or crematory Confirmation here here	Where did Injury occur?
Location to destant for the said of the sa	Injured at home, tarm, Industry, public place (where?)
18. Funeral director.	Means of injury Injured at work?
77 11	MARY HE MIN
Address fronting, by dr.	23. SIGNATURE A SIGNATURE
19. 9-26 10 46 rus Hally N. ace	the Anthura Wed 9/26/4.
(Date rec'd by registrar) Registrar	Address

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 4640

# 08610

### CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County			:	street No. 330 Mechan	County Allegany imits, write RURAL and give r ic St. give LOCATION)	earest town)
4. Sex	5. Color or race		, married, widowed, or divorced	MEDICAL	CERTIFICATION	
M	W	94	ingle	20. DATE OF DEATH. 9		
7 Diah dala af		6.(6	r) II alive, give ageye	4- 43	9-11-	19. L
8. AGE: Years	320 1	Days	It less than one day	Canen of a	s celum	on zun
62	6	27	hrs	nin.		
11. Industry or busines	Fireman	And La	abore (	Dua to		
15. Birthplace	Ella Heeni Maryland			(Include pregnancy within	wear of the	veter 9-3-46
16. Intermant	Cristo <b>de</b> r 551 Mach			Actopsy results PHYSICIAN: Please underline the cause t	o which death should be charge	
11 Burial (Burial, cremation Cemetery or cremate	or removal. Which	Date there	Sept. I4. I9 (month) (day) (year)		Date of	(State)
Location Cu	mberland,	1d		Injured at home, ferm, Industry, public piece	e (where?)	
18. Funeral director	Louis St	ein Ind	2.	Maans of Injury	Injured at work?	1
Address	Cumberland	A,Md.	Franklin, M.	23. SIGNATURE 6 / Green	Rein III.	), or other d 9 _11 - 26

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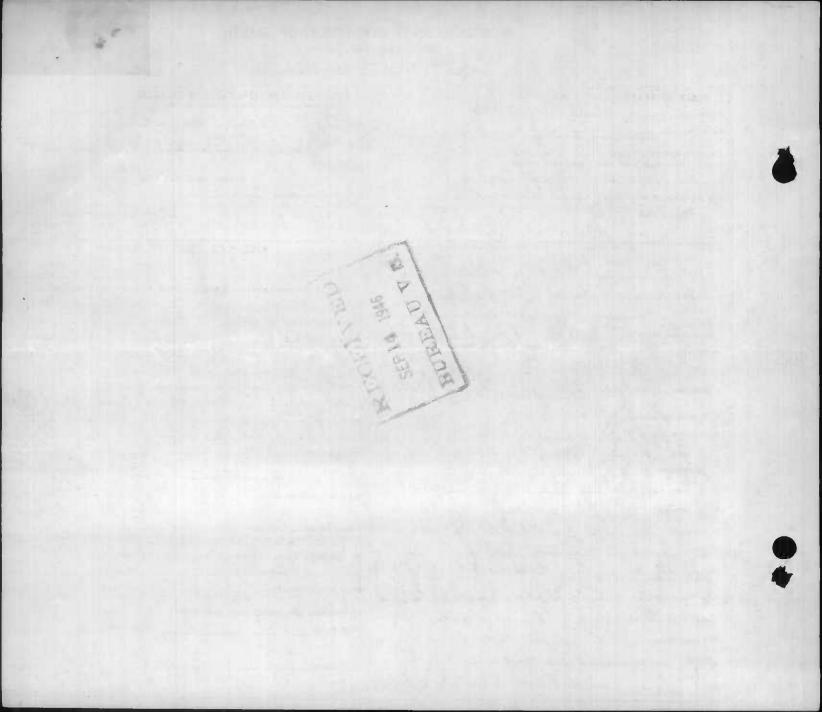
PLEASE WRITE PLAINLY, WITH UNFADIMENTY. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

SEP 18 1945

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WRITE PLAINLY,
LEASE

CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:  County  City or town.  (If outside city or town limits, frite RURAL and give nearest town)  How long in above piace of death?  Rospital institution, or street address when death occupied:  Now long in hospital or institution?  2. Acceptable	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State. County Count
3. (a) FULL NAME James Clark	3. (b) Social Security Number 217-01-72.29
1. Sex   5. Coforbrace   S.(a) Single, married, widowed, or divorced   Male   White   Married	MEDICAL CERTIFICATION  20. DATE DF DEATH 19.45
6.(b) Name of husband or wife Classes Pearl Classes  6.(c) If alive, give age 4.8 years	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from  18 10 10 18 16  and that I last saw harm alive on September 18 46
7. Birth date of deceased (mo., day, yr.) Thursty 12 18 44 93  8. AGE: Years Months Pays If less than one day hrs	Immedia: Fluse of death.  Immedia: Fluse of
9. Birthplace Just Darrett Cty, Md.  10. Usual occupation Miner	Des Fight Impolion 1700
11. industry or business clay mines	Other conditions Terminal Bronetia 3day
# 14. Maiden name Hally Xiliebrewer	(Include pregnancy within 3 months of death)  Major findings of operations
16. Interment arrest Clarke	Autopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial (Burial, cremation, or removate Which?)  Address  Address  Address  Attention  Attention	22. VIOLENCE: 11 death was due to external causes, fill in the tollowing;  Accident, suicide, or homicide
Cometery or crematory Jolles of Communication Lands of Communication and Communicati	Where did injury occur?
18. Funeral director. Alerrat made	Meens of Injury Injured at work?
19. 9-12.  (Date rec'd by registrar)  19. (Date rec'd by registrar)	23. SIGNATURE M. D. or other Address. M. D. or other Dales signed Sept 12/9



PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

PLEASE WRITE

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-6)

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Reg. Dist. No.

	Reg. Dist. No.
1. PLACE OF DEATH:  County ALLEGANY CO. Memoral Hospital  City or town. CUMBERIAND, MD.:  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  Memoral Hospital  APAYS  How long in hospital or institution?  3. DAYS	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State County ALLEGANY  City or town CUMBERIAND MD (If outside city or town limits, write RURAL and give nearest town)  Street No. 72 PERSHING ST (If rural, give LOCATION)  2.(a) If veleran, name war.
3.(a) FULL NAME	
3. (u) FOLL NAME	3. (b) Social Security Number
MR JAMES P. CONWAY	097 01 5225 N.Y
4, Sex 5. Color or race 6.(2)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE MARRIED	20. DATE OF DEATH
MATTER MATTER	
6,(b) Name of husband or wife. ALICE GILLESPIE.  6.(c) If alive, give ag 11 years  7. Birth date of deceased (mo., day, yr.)  June 8 1901	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  Sept. 21.  19. 46.  19. 46.  19. 46.  Impublished and that I last saw h.  Impublished and death.  Output  DURATION
8. AGE: Years Months Days If less than onn day 45 3 16hrsmin.	Middle Courses
9. Birthplace	Due to Manage Correspond of Stormach Rules  Due to Manage Correspond of France Control of Control o
14. Maiden name ETTA BOOKER	7-10
14. Maiden name ETTA BOOKER  15. Birthplace MD.	Major findings af operation
16. informant MEMORIAL HOSPITAL	Autopsy results.
Address CUMBERIAND MD.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Surial Date thereof Oct. 1946	22. VIOLENCE: tf death was due to external causes, fill in the following:  Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	Acceptance of the second secon
Cemetery or crematory	Where did Injury occur?
Location Law Hell Mousoleum	Injured at home, tarm, Industry, public place (where?)
will de Jepnograf Top your york	Means of Injury injured at work?
18. Funeral director	1) 8/ 1/ 10
Address Cumberland, Md	23. SIGNATURE A P OF OTHER
19. (Date ree'd by registrar) 19. (Date ree'd by registrar) Registrar	åddress Date signed

OCT 1 1945 BUREAU V B PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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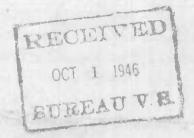
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimor

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Dist No.	1

CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Melgary;	(For newborn infants give residence of mother)
City or town	State Many County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 106 Carl Sh
106 Cars sh.	(If rurat, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Chapeth may &	princell lone
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorted	MEDICAL CERTIFICATION
the ale White breeze	11/1 95 4/ 530
I would the thering	20, DATE OF DEATH 25 19 46, at 60 M
6.(b) Name of husband or wife tarry a loonnell	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
6.(c) it alive, give age	Aug 10 19 10 dept 4 19 19
7. Birth date of 2 M 10M 0	and that f last sw h. Q. alive on
deceased (mo., dsy, yr.) Months   Days   1 Vess than one day	Immediate cause of death
8. AGE: Years Months Days 11/ess than one day	
68 4 18hrsmin.	Carcon o man o van
8. Birthplace (Town, county, and state)	Oue to
10. Usual occupation	Oue to
11. Industry or business at Irank	
H 12. Name Company of morris	Other conditions
13. Birthplace danchtma Va	
W 14. Maiden name Assar Knippenheng 15. Birthpiace	(Include pregnancy within 3 months of death)
on 1	Major findings of operations.
D +A D D	Date of op
16. informant Pull 6 Commell	Antopsy results
Address Cumberland -	
Brand MAR 28 44	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremstion, or removal. Which?)  Oate thereot. (Month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory At 12 Ital - 6 lsm	Where did injury occur?
Location Al Europerland	Injured at home, farm, Industry, public place (where?)
dani tti ga	Means of Injury Injured at work?
18. Funeral director of Magazina	KIMIPY . 200
Address similare	23. SIGNATURE / SIGNATURA CONTROL SIGNATURE / SIGNATUR
19 Sept 28, 1946 X. P. Tranklen, M. D	M.D. or other 9 26hi
(Date rec'd by registrar) Registrar	Address Date signed Date signed



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

# CERTIFICATE OF DEATH

Deputy Medical Examiner

08614

Allegany

Reg. Diat. No......

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For mewborn infant give residence of mother)
County	
(If outside city or town limits, write RUKAL and give nearest town)	State County County Cliffacty
How long In above place of death?	(if estaide city or town limits, write HURL and give nearest town)
Hospital, lastitution, or street address where death occurred:	11 Roado A1
	Street No. (If rural, give LOCATION)
How long la hospital or lastitutioa?	2.(a) If veteraa, aame war
3. (a) FULL NAME	3. (b) Social Security Number
Ossn. Nathaniel Grosly	214-01-3684
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH SEAT 3 19 46 at 3 30 A
8.(6) Name of husband or wife Pelle Crosky	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) It alive, give age 3. 1. years	19
7. Birth date of	and that I last saw h
deceased (mo., day, yr.)  R ACF. Years   Months   Days   if less/than one day	Immediate cause of death
8. AGE: Years Months Days if less than one day  4.4.4.1.0.2.1	Comany orensame at over
3 11 011	
8. Birthplace Most Trutt a (Lagary Ma) (Torrit, county, and state)	Distriction alexander
10. Usual occupation. Misher a	7 - 4-
11. ladustry or pusinessa Co-al miuls	Due to
	All
12. Name John Crosky 13. Birthpyse = Trostbura ma	Other conditions.
	(Include pregnancy within 3 months of death)
14. Maidea name & A Harteaf  15. Birthplace Trostfruga Md.	Major fiadings of operations.
\$ 15. Birthplage	
16. latormant John Crosh	Actopsy results
Address & Frosthers md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
8 5. 0 1, S L+ 5 19.1	22. VIOLENCE: If death was due to external causes, fill la the following;
(Barial, cremation, or removal, Which?)  Date thereof: (morth) (day) (years)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Strostburg and	Injured at home, farm, tadustry, public place (where?)
T. () MILLER TO	Meeas of Injury Injured at work?
18. Funeral director.	, (
Address Directory Ma	23. SIGNATURE JY: W. Deming M.D.
10 9- \$ 1046 mg. Haliey A. Alo	M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed 7/ 3/4

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1. PLACE OF DEATH:

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 220

2. USUAL RESIDENCE (HOME) OF DECEASED:

### CERTIFICATE OF DEATH

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COL	1 (1)	,
Reg. Dist.	No	4

County H//egony	(For newpork intents give residence of mother)
Cily or town (If outside city or town limits, write RURAL and give nearest town)	Stale Md County Allegony
How long in above place of death?	City or town
Hospital Institution, or street address where death occurred:	0
Callins Norsing Home - 7 Vorgenalle	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Golda Henrietta "Stun	p vare fore
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W Widowed	20. DATE OF DEATH Sept 7 1946 21/310 P. M
5.(b) Name of husband or wife Tames E. Darr	21. 1 CERTIFY that death occurred on the date above stated; that I attended deceased from
	Jane 1 1845 to Sept 7 1946
7. Birth date of	and that I last as h le alive on Filewhere 2 19 %
deceased (mo., day, yr.) Tune 17, 1888	Immediate cause of death Cysto-puglity OURATION
8. AGE: Yeara Months Days If less than one day	3 month
58 2 20hrsmin.	
9. Birihplace Thomas y Hampshire W. Va.	Due to myslitis 3 34m
10. Usual occupation Panager a amney	Oue to peris cion anemin 5 years
11. Industry or business Employment Agency	
12. Name Samuel D. Stump	Other conditions
13. Birthplace Slanesville, WiVo.	
	(Include pregnancy within 3 months of death)
	Major findings ol operations.
	Bale of op.
16. Informant Mrs. Mildred Fretwell	Autopsy results
Address 304 Furnace St. Comberland, Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  Date thereof. Sept. 9, 1946.  (month) (ddy) (year)	
Cemetery or crematory Little Capon Cemetery	Where did injury occur?
Location Mear Levels, W.Va.	Injured at home, farm, Industry, public place (where?)
18. Funeral director former J. Hofee	Maana of Injury Injured at work?
	1113 1110
Address Combufand, Mid.	23. SIGNATURE LA MULIS M. D. or other
19. Se fet 19 1946 & F. Nauklin, M. D. Registrar	to Cuce VI. 0-8-86
(Date fee'd by registfar) Registrar	Address Bate signed Y

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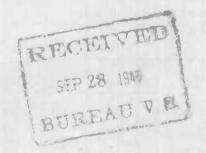
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MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore Telephone

### CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Md. Allegany  City or town   Clip or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  NO		
City or town 21st Bridge -near McCoole, Md.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 45 yrs.  Hospital, institution, or street address where death occurred:			
How long in hospital or institution?	2.(a) if veteran, name war.		
3.(a) FULL NAME Abraham Dayton	3. (b) Social Security Number NO		
4. Sez   5. Color or race   6.(a)Single, married, widowed, or divorced   Widower	MEDICAL CERTIFICATION  20. DATE OF DEATH Sept. 25, 1946 21 8:10. M		
6.(b) Name of husband or wife Annie Whitehare Dayton  6.(c) If alive, give age years  7. Birth date of deceased (mo., day, yr.)  Dec. 2, 1866	21. I CERTIEY that death occurred on the date above stated; that I attended deceased from  19. 46		
8. AGE:       Years       Months       Days       If less than one day         79       9       23      hrs.      min.	Immediais cause of death DURATION OURATION OURATION OURATION OURATION		
Mineral Co., W. Va.  S. Birthplace	Due to		
Issaih Dayton  12. Name Issaih Dayton  13. Birthplace Mineral Co., W. Va.  14. Maiden name Do not know  15. Birthplace	(Include pregnancy within 3 months of death)  Major findings of operations		
16. Informant E. E. Dayton  Address Keyser, W. Va.	Autopsy results		
Burial  (Burial, cremation, or removal, Which?)  Cemetery or Wayney Dayton Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide		
Location 21st Bridge , Md.  18. Funeral director B. W. Markwood	Injured at home, farm, Industry, public place (where?)  Masans of Injury  Injured at work?		
Address Keyser, W. Va.  19. 46 Meaghing Bor Mix (Date-fee'd by registrar)  Registrar	23. SIGNATURE The M. D. or other  Address Date signed 9:26.46		



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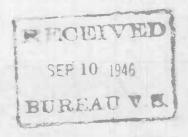
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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 51-8)

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (Por newborn infants give residence of mother)
County.	(th and )
City or town	A Characteristics of A
How long in above place of dealh? 5 years	City or town (It outside city or town limits, write RURAL and give hearest town)
Hospital, Institution, or street address where death occurred:	Street No. Mars Street
Marsh, Stable	(If rurul, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Catrick Doolan	
4. Sax 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White Widowed	2D. DATE OF DEATH Sept- 6 19.46 at 3 P. M
8.(b) Name of husband or wife & Satherine Ma Hughi Doo	21 I CERTIFY that death occurred on the date above stated; that I attended deceased from
	aug 2 2 5 19 46 , to dept 2 6 19 46
7. Sirth date of Secondary	and that I last saw h and alive on
deceased (mo., day, yr.) Jan 27, 8	Immediate cause of death
8. AGE: Years Monihs Bays If less than one day  9	Concessons & prostate
Of the All was for the	
9. Birthplace Mad Many grints and states	Due to.
10. Usual occupation of other professional and the second occupation of the second occupation	
O. C. t.	Due to
11. Industry or business	
12. Name Solution 13. Birthplace Solution	Diher conditions
E AMARIAN MARANAN	(Include pregnancy within 3 months of death)
E 14. Maidell Maine	Major fiadings of operations
2 15. Birthplace In a land	Date of op.
16. Interment de la Sylamore Call and Caller	Autopsy results
Address Lonaconing, Alla,	22. VIOLENCE: If dealh was due to external causes, fill in the following;
(Burisi, cremation, or removal, Which)	Accident, suicide, or homicide
t time and the	
Cemetery or crematory	Where did injury occur?
Location Location Language Live And Language Location	Injured at home, farm, industry, public place (where?)
18. Funeral director Au Carchiann	Means of Injury Injured at work?
() Carolina (MA)	0 \ \ 1 \ h. (A
Address FM MONTH AND	123. SIGNATURE JAMAN By - Jodges M. D. or other
(Date rec'd by registrar) 19.46 Janualtto Megistrar	Address Lonatoring, had Date signed Self 746



VS

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 55-2

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	State MARYLAND County ALLEGANY	
City or town		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where eath occurred:	Street No. 205 DAVIBSON S.T. (If rural, give LOCATION)	
Memorial Hosp.	(If rural, give LOCATION)	
How long in hospital or institution? 29.days	2.(a) It veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
MARY A DUCKWORTH	MALO	
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
	MEDICAL CENTILION	
FEMALE WHITE SINGLE	20. DATE DF DEATH SEPT 7 1946 12:12P.M	
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above etated; That I attended deceased from	
	15) une 1946, 10 to 7 29/1946	
1 7. Birth date of	and that I last eaw harmalive on 7 Sept. 96	
deceased (mo., day, yr.) DEC 22 1868	Immediate cause of death	
8. AGE: Years   Monthe   Days   If less than one day	Immediais cause of death DURATION Syremus Cell Epstelermic	
77 8 15hrsmin.	it fast with grandman 15 year	
9. Birthplace	Due to melastissis	
(Town, county, and atate)		
10. Usual occupation.	Due to	
11. Industry or business Housewife	oue to	
E 12. Hame GEORGE DUCKWORTH	Other conditione	
13. Birthplace ENGLAND		
	(Include pregnancy within 3 months of death)	
置 14. Maiden name HELEN	Major findings of operations alone.	
14. Maiden name. HELLEN	Date of op.	
16 Informant Mrs Hazel Harney	Autopsy results.	
	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address Cumberland, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:	
17. Burial Date thereof Sept. 10, 1946.  (Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory	Where did Injury occur? (City or town) (County) (State)	
Location	Injured at home, tarm, Industry, public place (where?)	
18. Funeral director Louis Stein Inc.	Meene of Injury Injured at work?	
Address Cumberland, Md.	23. SIGNATURE W. A. V. & Ourses, M.D.	
	23. SIGNATURE M. D. or other	
19. Sept. 9. 1946. J. L. Saufelin M. A.	Address / 1 D S. Cento SP. Cog M. D. or other Date signed 7 Sept.	

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DRS HODGES & COWHERD

### MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore (159) CERTIFICATE OF DEATH

	NG. Dist. Mo
1. PLACE OF DEATH:  County. ALLEGANY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State MD County GARRETT
City or lown	GRANTSVILLE MD
How long in above place of death?30 DAYS	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
MEMORIAL HOSPITAL How long in hospital or institution? 30 DAYS	(If rural, give LOCATION)
3. (a) FULL NAME	
anta far FERRELL Javin T	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, Married, wildowed, or divorced	MEDICAL CERTIFICATION
FEMALE WHITE Single	20. DATE OF DEATH SEPT. 10 19.46 212:50 A
6, (b) Name of husband or wife	21. I CERTIEX that death occurred on the date above stated: that I attended declared from
	aug. 19 1946 Sept-10, 46
7. Birth date of years	and that I last eaw her alive on Seeft. 9 1846
deceased (mo., day, yr.) AUGUST 11, 1946	Immediais cause of death DURATION
8. AGE: Yeare Monthe Days If lese than ooe day	Zudany and me
hrsmin.	Occasion J
8. Birinplace ALLEGANY, CUMBERLAND	Due to remaining
(Town, county, and state)	V
10. Usual occupation	Due to
11. Industry or businees	
12. Name. THOMAS FERRELL 13. Birthplace MD.	Other conditions.
13. Birthplace MD.	
# 14. Maiden nameMELBAMILLER	(Include pregnancy within 3 months of death)
	Major findings of operations.
	Date of op
16. Informant MEMORIAL HOSPITAL	Antopsy results
Address CUMBERLAND, MD.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial Pate Harred 9-10-1546	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemelery or crematory Grantalle	Where did injury occur? (City or town) (County) (State)
Location grantswelle and	Injured at home, farm, Industry, public place (where?)
0 11 11 7 1 10	Means of Injury Injured at work?
18. Funeral director All Manual Control of the Cont	MAN MADE INT
Addressey gamelande M	23. SIGNATURE A
Sept. 10 HG. & P. tray belin Mr	23. SIBRATURE ALL AND WOOM, D. Prother A C.
(Date/rec'd by registrar) Registrar	Address Date signed

FOR BINDING MARGIN RESERVED WITH UNFADING INK. Supply every item of information carefully. The cimportant. Physicians: please write the causes of death clearly and legibly.

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SEP 18 1946 BURRAU V S. information carefully. The correct of death clearly and legibly.

ADING INK. Supply every item of Physicians: please write the causes

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (154)

08620

# CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) MARYLAND State  CRANTSVILLE  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.
FERRELL, BABY GIRL NO. I - (PREMATU	RE) 3. (b) Social Security Number
4. Sex FEMALE S. Color or race 6.(a) Single, married, wildowed, or divorced Sengele	MEDICAL CERTIFICATION SEPTEMBER 10,1946 12;50 A.M. 20. DATE OF DEATH.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended decrees from 19. 4.6.
8. AGE: Years Months Days If less than one day hrs. min.  9. Birthplace (Town, cound, and state)  10. Usual occupation	Due to.
12. Name THOMAS FERRELL.  13. Birthplace MD.  14. Maiden name MELBA MILLER  15. Birthplace MD.	(Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.
Address Gantaulle M. d.  17. Date thereof (month) (day) (year)  Cemetery or crematory (month) (day) (year)  Location (Maria Lawelle M. d.	Antopsy results  PHYSICIAN: Please underline the cause to which death should he charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
18. Funeral director Assur Assistantes (Care Grands of Standard Market M	23. SIGNATURE Date signed



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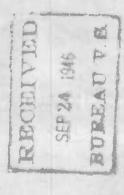
# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

# CERTIFICATE OF DEATH

1. PLACE OF DEATH: Olleanur	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For pewborn infolts give residence of mother)
to Table 1	Stat Paryland County allegans
City or town	City or town (f outside pay or town limits, write RDRAL and the pearest cown)
How long in above place of death?	20 (2-72
38 Centennas St	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veleran, name war
3. (a) FULL NAME PORT TO THE PORT TO	3. (b) Social Security Number
Charles of the y July	577-09-3283
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION P.
Male while Muled	2D, DATE DF DEATH SPENDEN 19 47 21 1, 30 M
6.(b) Name of husband or wite Sementine June	21. I CERTIFY that death occurred on the date above etated; that Lattended deceased from 8
7. Birth date ot	and that I last caw h M. alive on September 18 46.
7. Birth date of deceased (mo., day, yr.) March 18, 1898	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Coronery thromboses 5 minutes
48 6 0 hrs	
9. Birthplace There (Town, county, and state)	Due to Hypothisism: 6-9 mos.
10. Usual occupation complanged in alige house	Due to Secondary anemia gian
11, Industry or business Colsuese Corps.	
12. Name Williams Turgel  4 13. Birthplace Maryland	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Olice Bolden  15. Birthplace manyland	Major findings of operations.
E 15. Birthplace Maryland	Date of op.
16. Informant William Tuesel	Autopsy results
Address Sporthura VIII.	22. VIOLENCE: If death was due to external causes, till in the following:
17	Accident, suicide, or homicide
Cemetery or crematory This el Cemetery	Where did Injury Occur?
Location Final md	Injured al home, farm, Industry, public place (where?)
18. Funeral director. D. OR Durst	Means of injury tnjured at work?
Address Foldstrung Md.	2/1 A: 11 m. a.
0-20 41 (S) V X/P	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar)  Registrar	Address Frostling Mid Date signed 1/20/46



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

# CERTIFICATE OF DEATH

	/		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Allegany	Stat Mary Land Land County Allegany		
City or town			
How long in above place of death?	City or town. Cumberland (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:  Memorial Hospital	street No. 119 Maple Street		
How long in hospital or institution? One Day	(Îf rural, give LOCATION)  2.(a) If veteran, name war		
3. (a) FULL NAME			
	3. (b) Social Security Number		
Mrs. Margaret Fisher  4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
	n		
Female White Widowed	20, DATE DF DEATH Sept. 24 19.46 21 7:15 1		
6.(b) Name of husband or wife Lercy Fisher	21 CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(c) If alive, give age 6.7 years	Sept 9 4 19 46		
7. Birth date of deceased (mo., day, yr.) February 2, 1879	and that I last saw h. BD alive on Seff 24, 46 - 19		
8. AGE: Years   Months   Days   If less than one day	Immediair cause of death		
67 7 22hrsmin.			
	Duo to Andread Andread		
S. Birthpiace	000 10.		
10. Usual occupation House Wife	Duo 10		
11. Industry or business			
12. Name John Reuschel 13. Birthpiace Germany	Dither conditions to tage the same a hange		
13. Birthplace Germany	(Include pregnancy within 3 months of death)		
E 14. Maiden name Hartung, Anna			
15. Birthplace Gemany	Major findings of operations.		
Monorial Homital	Date of op.		
16. Informant Memorial Hospital	Autopsy results		
Address Cumberland, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following:		
17. Burial Date Ihereof Sept 27. 1946 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Hillcrest	Where did injury occur?		
	(City or town) (County) (State)		
Location Cumberland, Md.	Means of Injury Injured at work?		
18. Funeral director. Louis Stein Inc.	DO 111 M		
Address Cumberland, Md.	1 Milliams Ms		
19 Sept. 25, 1946 J. P. Traublin, Ma	23. SIGNATURE.  M. Dy or other		
(Date vec'd by registrar) Registrar	Address / Dato signed T/21/16		

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PLEASE, WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cases of death clearly and legibly.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (987)

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300		Dist		
1	Par	Dist	No	

CERTIFICAT	E OF DEATH Reg. Diat. No. 4
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Allegany City or town Cumberland (If outside city or town limits, write RURAL and give nearest town)  Street No. 316 Pulaski St.  (If rural, give LOCATION)  2.(a) If veteran, name war.
August H. Fogtman	None
4. Sex   5. Color of race   6.(a)Single. married, widowed, or divorced   White   Widowed	MEDICAL CERTIFICATION  2D. DATE DF DEATH Signature 13 19.46 21 4 P
8. AGE: Years Months Days If less than one day  90 0 22	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19.26 to G 13 19.26  and that I last sew h alive on G 3 19.26  Immediate cause of death  DURATION  Character May 12 16 16 16 16 16 16 16 16 16 16 16 16 16
9. Birthplace	Due to.
E 12. Name Henry Fogtman  S Germany  Menry Ann Rush	Diher conditions
14. Malden name Mary Ann Bush 15. Birthplace Germany	Major findings of operations.  Date of op.
16. Informant Mrs. Mary Leasure Address 316 Pulaski, St.	Antopsy results
Burial Date thereof Sept. 16, 1946 (Burial, cremation, or removal, Which?)  Cemetery or crematory St. Peter & Paul Ceme.  Cumberland, Md  Location	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
18. Funeral director Louis Stein Inc.  Address Cumberland, Md.  19. Lot 15 19. 46 & Paullin M.A.  Registrat	23. SIGNATURE MD  Address Date signed M. D. or other 19-16

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WHIH UNFADING INK. Supply every item of information carefully. The comportant. Physicians: please write the causes of death clearly and legibly.

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3/20

# CERTIFICATE OF DEATH

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Reg.	Dist.	No.	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County 7/legany	State Mary land county Allagany
City or town	
How long in above place of death? 2 1/2 1/2 4 4 5	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	street No. 19 Klasterman's Addt.
Allegany Hospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) tf veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
	liand Hone
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M Single	20. DATE OF DEATH 9- 86 156 21 334 M
a (h) N at husband as mile	21. I CERTIFY that death occurred on the date above slated; that t attended deceased from
6.(b) Name of husband or wife	7-2-1996, 10 0-26-1996
7. Birth date of	and that I last saw h alive on
deceased (mo., day, yr.) February 4 1977	Immediais cause of death DURATION
8. AGE: Years Months Days these than one day	Julyman Collina modo
2 7 22hrsmin.	
9. Birthpiace Cumberland, Md (Town, county, and state)	Due to Cardia Felius Me Massel
1D. Ueual occupation In fam.	
1D. Ueual occupation	Due to Marin with the Man of the
11. Industry or bueineee	
12. Name Leslie Gilliand  13. Birthpiace Parkers burg, W. Va.	Dither conditions
13. Birthpiace Parkers burg, W. Va.	(Include pregnancy within 3 months of death)
	Major findings of operations
	Date of op.
16. Informant Leslie Gilliand	Autopsy results. Autopsy results. Autopsy results which death should be charged statistically
Address Cumberland, Md.	PHYSICIAN: Ptease underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following.
(Burial, cremation, or removal, Which?)  Date thereof Sept 28 1446 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Mt. Olive Cemetery	Where did injury occur?
Location Parkers burg, W. Vo.	Injured at home, farm, Industry, public place (where?)
1 0 41 11 1	Meane of Injury Injured at work?
0/10/1/4-1	/ // ///
Address Ceppeberford, Mild.	23. SIGNATURE L'AMO MIL
1. Sept. 26, 1046 & P. Traublin M.D.	23. SIGNATURE.  M. D. or other
19. The second s	Meline 1 Bate stoned & - 42 M

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### MARYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICA	ATE OF DEATH
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residuce of mother)  State County County County County City or town limits, write RURAL and give nearest town)  Street No. (If outside city or town limits, write RURAL and give nearest town)  (If rural, give LOCATION)  2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Set  5. Color or race 6.(a) Single, married, widowed, or divorced  7. Wickstruk	MEDICAL CERTIFICATION  20. DATE OF DEATH  20. DATE
8. AGE: Yeara Months Days It less than one day  9. Birthplace	Immediate cause of death OURATION
14. Maiden name Sovalis Constitution 15. Birthplace  16. Informant Maiden Name Columbia Constitution (Burial, cremation, or removal, Which?)  Cemetery or crematory Constitution Constitution (Gay) (year)  Incesting Advanced Constitution (Gay) (year)	Major findings of operations.  Date of op.  Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide.  Where did Injury occur?  (City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)
19. Funeral director. Lance Stein One  Address Cumphiland mil  19. Jept 19. Jept J. J. Jranklin M. A. (Date rec'd by registrar)  (Date rec'd by registrar)	Maana of Injury  Injured at work?  23. SIGNATURE  M. D. other  G. 7. 14

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ADING INK. Supply every item of information carefully. The correct Physicians: please write the causes of death clearly and legibly.

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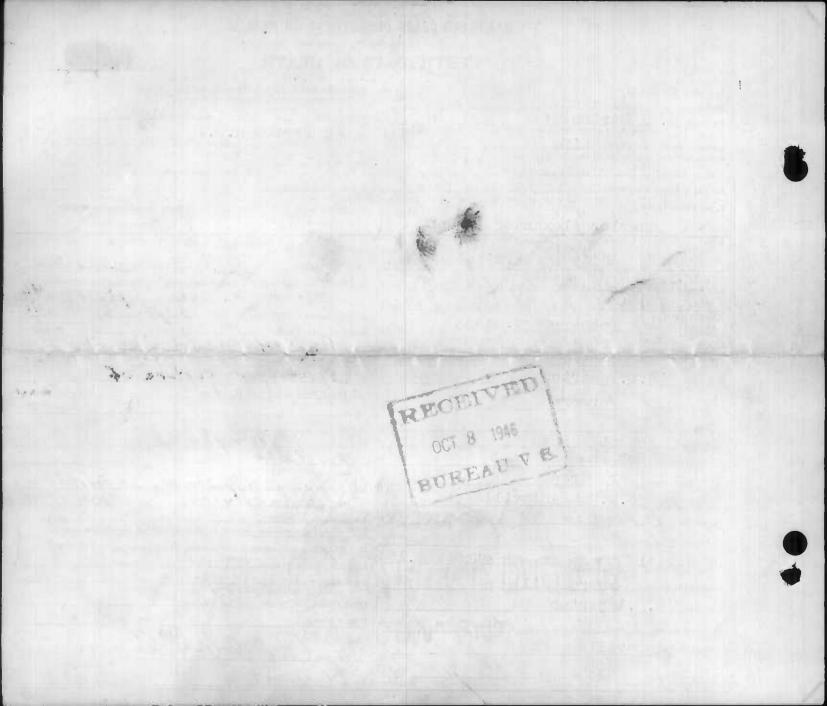
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore %

# CERTIFICATE OF DEATH

Reg. Dist. No. 826

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County	(For newborn infants give residence of mother)	
City or town. R. DI Barton (If outside city or town limits, write RURAL and give nearest town)	State Md County Allegany	***************************************
How long in above place of death?Life	City or town Barton R.D.I  (If outside city or town limits, write RURAL and give n	nearest town)
Hospital, Institution, or street address where death occurred:		
	Street No	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (g) FULL NAME	3. (b) Social Securit	v Number
Charles Alexander Green	None	y
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
		10:000
Male White Married	20. DATE OF DEATH. Sept. 30 19.44	2at /0.00/ M
6.(b) Name of husband or wite Sarah Elizabeth Free	21. I CERTIFY that death occurred on the date above stated; that I attended de	
Buss 3 - 18 6 4 6.(c) If alive, give age 8 D years	March 2 1946, 10 Sept.	
7. Birth date of	and that I last saw h. 1.44 alive on	19. 7.6.
deceased (mo., day, yr.) FOURTY 22- 1800  8. AGE: Years Months Days If less than one day	Immediate cause of death.	OURATION
o. Ade.	Anoversm of Abdom.	
	Aarta	10 teurs
9. Birthplace R. D. I Barton Md (Clegany C		
10, Usual occupation Farmer	Abdominal Aorts	ten marker
10. Usual occupation	Oue to	
11. Industry or business		*****
E 12. Name Robert Green	Other conditions Hypertouphy of	****
13. Birthplace Not Knowen	(Include pregnancy within 3 months of death)	
14. Maiden name Sara Green  15. Birthplace R.D.2 Grantsville Md	Major findings of operations. Hypartouphy Ot Po	norther sud
15. Birtholace R.D.2 Grantsville Md	Major findings of operations. J. J. J. S. Bate of op. A. Bate of op. A. Bate of op. A.	Ade 15 1946
16		
16. Informant 7 7 22 Co Viller	Autopsy results	
Address Luke - md.	no WOLFMOE. If death was due to external sources fill in the following:	
17. Burial October 3.194  (Burial cremation, or removal. Which?)	Accident, suicide, or homicide	
Cemetery or crematory Laurel Hill	Where did injury occur?	(Stste)
Location R.D.I Barton Md	Injured at home, farm, Industry, public place (where?)	
18. Funeral director allen allinterleg	Meens of Injury tnjured at work?	1. 5
Address Grantsville Md	23. SIGNATURE Oculor Wilos	n M.D.
19 Oct 4 19 46 Jannettem Boal	M. I	o, or other
(Date rec'd by registrar)  Registrar	Address Piedmant W. Vs. Date signe	oct 2,1946



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### MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore (70-

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Allegany City or town (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  World War 2
3. (a) FULL NAME	3. (b) Social Security Number
Patrick Joseph Grimes	177-09-4294
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white Single	20. DATE OF DEATHSept. 23
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birlh date of	19
7. Birth date of	and that I last saw h im Dead Sept 23 to 46
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Pulmonary Embolism 44 hrs
44 3 21hrsmln.	Pulmonary Embolism 44 hrs.
9. Birlhplace Midland Allegany Cty., Md.  1D. Usual occupation Rayon Worker  11. industry or business Celanese Corporation	Due to. Fracture of lower left leg
	Other conditions Crushed chest &
12. Name John Grimes, 13. Birthplace Maryland	contugion of brain
14. Maiden name Anna Goodwin.,  15. Birthplace Maryland  16. Information John Grimes	(Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.
16. Informant John Grimes,	Autopsy results. AS A BOVE
Address Midland, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Date thereof Sept. 26 46.  (Burlal, cremation, or removal, Which?)  Cemetery or crematory  Frostburg, Md.  Locallon	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
18. Funeral director J. R. Durst.	Maans of Injury Hit by auto. Injured at work? no
Address Frostburg, Md.  19. 0-25 (Date rec'd by registrar)  19. 46 Mus. Mauly A. Registrar Registrar	23. SIGNATURE H. V. Deming M. D. A. V. Date Signed 2. 4. 1846

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### MARYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICATE	OF	DEATH
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2411 N. Char	EPARTMENT OF HEALTH  les St., Baltimore  TE OF DEATH  Reg. Diat. No
1. PLACE OF DEATH:  County Allegany  City or town Cumberland  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? Life  Hospital, institution, or sfreet address where death occurred:  Allegany Hospital - Cumberland, Md.  How long in hospital or institution? 6 days	Streef No. 789 Fayette St.
3.(a) FULL NAME Miss Belle Hambright	3. (b) Social Security Number None
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION 12:08 20. DATE OF DEATH September 7 , 19 46 , 21
6.(b) Name of husband or wife  January 16, 1855  8. AGE: Years Months Days If less than one day 91 7 2 hrs. min.  9. Birthplace Cumberland, Md. (Town, county, and state)	s and that I last saw h
10. Usual occupation	Due to
12. Name Emanuel Hambright 13. Birthplace Lancaster, Pa.  14. Maiden name Julia Blocher 15. Birthplace Cumberland, Md.	Other conditions
16. Intermant Allegany Hospital Address 215 Decatur St., Cumberland, Md.	Autopsy results
17. Burial (Buriat, cremation, or removal. Which?)  Cemetery or crematory Rose Hill Cemetery  Location Cumberland, Md.  18. Funeral director William H. Kight	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94-6

# CERTIFICATE OF DEATH

			•		
1. PLACE OF DEATH:	m		2. USUAL RESIDENCE (HOM (For newborn infants give reside	ence of mother)	
	<i>r n</i>	Associates, write RURAL and give nearest town)	State Md.		
How long in above place of death?. Hospital, institution or street add	ross where		City or town	al, give LOCATION)	
3. (a) FULL NAME			2.(4) It foldiall, sellic wat	3. (b) Social Security	
William Jo 4. Sex 5. Color		Harbaugh  6.(a) Single, married, widowed, or divorced	MEDICA	None	3
	hite	single		L CERTIFICATION  5	3.30Pm
			-		1
			21. I CERTIFY that death occurred on the		
7 Dish dots of			and that I last saw h im Deald		
doceasod (mo., day, yr.)	Mar.	13 1946 / 8 9 5	Immediate cause of death		
8. AGE: Years Mo	nths	Days If toss than/one day	Angina Pectori		
51	6	12hrsmin.		···T <sub>*</sub> ,	
9. Birthplace Clur	nberla	ndMd	Duo to		*
		ouncy, and state)	***************************************		**
			Duo to	.,,,	***************************************
441	ook St				**
F		augh	Other conditions		
			(include pregnancy wi	thin 3 months of death)	
E 14. Malden name Mal	tha E	.Hickey	Major fisdiogs of operations		
14. Malden name Man 15. Sirthplace Pa			niajor lisquogs of operations.		
	Harb	eugh	Actopsy results		
			PHYSICIAN: Plesse underfine the cans		
		nic St.	22. VIOLENCE: If death was due to exte	rnal causes, fill in the following;	
17 Burial (Burial, cremation, or remov	rai. Which?)	Dalo thereof Sent 27 1946 (month) (day) (year)	Accident, suicide, or homicide	Date of	
		P. Cem.	Where did injury occur?(City or		
			(City or Injured at home, farm, Industry, public pl		
		and, Md.	Means of injury	tnjured at work?	
18. Funeral directorLOL	is St	ein Inc.	missits of titlary	minion or marks	
Addross Cun	berla	nd, Md.	23. SIGNATURE H. V. Demin	AND N.V.	mi
	1946	11111111111		M. D.	or other
(Date pec'd by registrar)	.19/	Registrar	Addross Consolvaland	Znal Dato signed	9-26/46

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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2411 N. Charles St., Baltimore 95-0

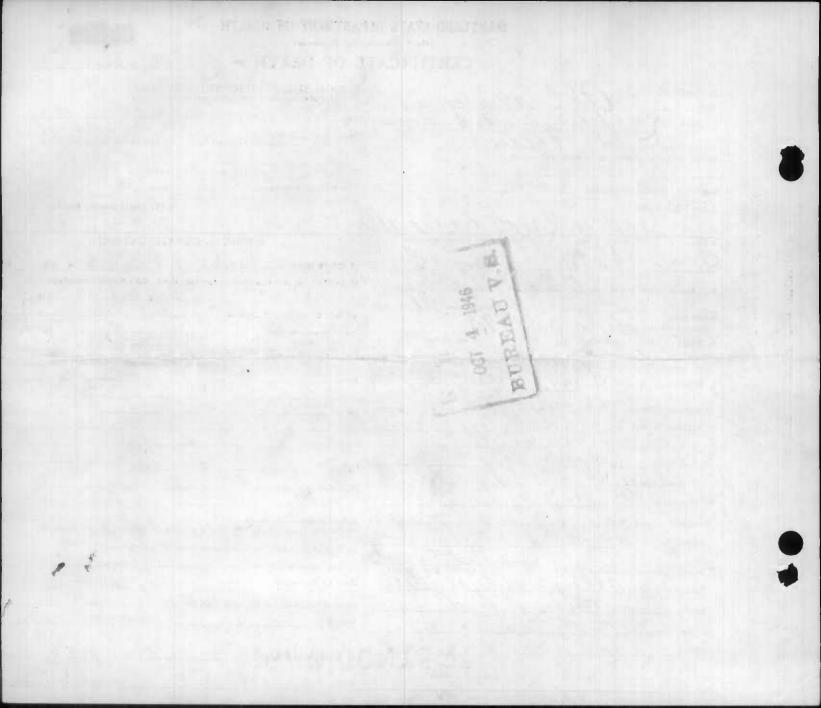
# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or town	assig Maryland county All gally
How long in above place of death:	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
2	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
John Jacob Jausratt	2/17-03-2/67.
4. Sex 5. Color or race 8:(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White Married	20. DATE OF DEATH SUMMED 2 9 194 194 194 194 194 194 194 194 194 1
6, (b) Name of husband or wife Catherine Fair Baus al	21. I CERTIFY that death occurred on the date above stated; that I attended daceased from
8.(c) If allve, give age 3/ years	30/2 1 19.46 to rept 29 19.48
7. Birth date of	and that I last saw h and alive on Sight 2-9 19.46
deceased (mo., day, yr.) Mag 50   11 less than one day	Immediato cause of death
0. Add.	Farlus flest au
5/ 0 d 9hrsmin.	to if should dearer
9. Birthpiace Harattany ( Can the	Oue 10
Coal trainer	
10. Usual occupation Language Com	Due to
11. Industry of Business	9
12. Hamo Seorge Hause atts  13. Birthplace Germany	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Mary L. Obfillett.  15. Birthplace Perspettery, Md	Major findings of operations
15. Birthplace Fire Atlanta and	Bale of op.
18. Informant Trees Cattherine Hausrath	Antopsy results
2 2 2	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Knappo Mellaon-Mar Maconia	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)  Date thereof Call (Jun) (year)	Accident, suicide, or homicide
alle apresenta escretesco	Where did injury occur?
Cemetery or crematory. A Superiory of the superior of the supe	
Localion Table Jung ( Jung )	Injured at home, tarm, industry, public place (where?)  Means of Injury  Injured at work?
18. Funeral director This Chilannia	Meens of Injury Injured at work?
Address I-maconing, Ma	23. SIGNATURE I Hung Day. Hoclegon by ho
OFT Doubt mBoal	M. U. or other
(Date rec'd by registrar)  Registrar	Address a pacothere, but Bate signed of 1 46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore	950
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# CERTIFICATE OF DEATH

Reg. Diat. No......

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For-newborn infants give residence of mother)
County Allegary	State mandand county Allegary
City or town	010. 1. 1 01 5.
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution or street address where death occurred:	Street No. 407 1 (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If yeteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Bertha L. Hent	el. 214-05-6949
4. Sex 5. Color or race 6.(a) Singley married, widowed, or divorced	MEDICAL CERTIFICATION
Homel White Smale	20. DATE OF DEATH. SIM 76 1846, 21/2 A M
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw h & R Dend 2 4 19 46
7. Birth date of deceased (mo., day, yr.) dille 3 1890	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	acute dilation of the heart at me
55 9 23hrsmin.	
9. Birthplace (Town County, and state)	Due to Gente indigestion and 1/2 hr.
10. Usual occupation	Due to
	Other conditions.
12. Name Call Henrich  3. Birthplace	
	(Include pregnancy within 3 months of death)
14. Malden name Kensietta grand.	Major fiudings of operations.
E 15. Birthplace	Date of op.
16, Informant AUCH SAMPLE	Autopsy results
Address Comberland +	22. VIOLENCE: tf death was due to external causes, fill in the tollowing:
17. (Burial, cremation, or remoral, Which?)  Bate thereof Seff. (day) (year)	Accident, suicide, or homicide
Manager of the popular	Where did injury occur? (City or town) (County) (State)
Cemetery or crematory	(City or town) (County) (State)
Location	Means of Injury tnjured at work?
18. Funeral director.	Deputy Medical Examiner - Allegany Co.
Address Cumbulant Mil.	23. SIGNATURE ALL Dening M. D. or other
est 28 1046 & P. Tranklin Mi.D.	
(Date rec'd by registrar) Registrar	Address Date signed 9/26/1946

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### MARYLAND STATE DEPARTMENT OF HEALTH

County Clty or town	rate Minits	and the second s		EPARTMENT OF HEALTH  os St., Baltimore 46-20	08632
State Maryland county Allegany (If outside city or town (Internal county Allegany (If outside city or town limits, write RURAL and give nearest town) (Its outside city or town limits, write RURAL and give nearest town) (Its outside city or town limits, write RURAL and give nearest town) (Its outside city or town limits, write RURAL and give nearest town) (Its outside city or town limits, write RURAL and give nearest town) (Its outside city or town limits, write RURAL and give nearest town) (Its outside city or town limits, write RURAL and give nearest town) (Its outside city or town limits, write RURAL and give nearest town) (Its outside city or town limits, write RURAL and give nearest town) (Its outside city or town limits, write RURAL and give nearest town) (Its outside city or town limits, write RURAL and give nearest town) (Its outside city or town limits, write RURAL and give nearest town) (Its outside city or town limits, write RURAL and give nearest town) (Its outside city or town limits, write RURAL and give nearest town) (Its outside city or town limits, write RURAL and give nearest town) (Its outside city or town limits, write RURAL and give nearest town) (Its outside city or town limits, write RURAL and give nearest town) (Its outside city or town limits, write RURAL and give nearest town limits, and state of the limits, write RURAL and give nearest town limits, and state of the li	1		CERTIFICA'	TE OF DEATH	Reg. Dist. No.
State Maryland county Allegany (If outside city or town (If outside city or town) institution, or steel address where shall be stored diversed of the county	1. PLACE OF DEA	TH:	W. C. W. T. T.	2. USUAL RESIDENCE (HOME) OF DECI	EASED:
the bog in above pice of dealth.  Mere bog in above pice of dealth.  Allegary Hospital - Cumberland, Md.  Row log in hospital or institulies?  17 days  3. (a) FULL NAME  Mr. John Hext  4. See  Male  S. Color or race  6. (a) Single. married, widowed, or diverced  Single		(113mh)	nlend		
Siret No.   227 Paca St.	City or town(If o	utside city or town lin	nits, write RURAL and give nearest town)	Comban land	•
Allegery Hospital - Cumberland, Mg  Now long in heapital or institution? 17 days  3. (a) FULL NAME  Mr. John Hext  4. Sec  No. (a) Single  Single  Single  Single  Single  Single  Single  MEDICAL CERTIFICATION  11:  Soptember 7 19:46 at 11:  12: I Certify that death occurred on the date about stricts: that I attended deceased from developed (mo. day, r.)  Dec. 27, 1863  8. AGE: Years  8. Heath Buys  Itless than one day  8. Sithblace  Pennsylvania  (Town, county, and state)  10. Usual occupation.  Meat Cutter  11. Industry or business  12. Name.  William Hext  Due to Comment. of instantians. Cuttor  13. Birthalace  Pennse  14. Maiden name Eleanor Corley  15. Sithplace  Pennse  15. Decatur St. Cumberland, Md.  Address  2. Vollence: It death was due to external causes, fill in the following: County or County or Cumberland, Md.  16. Foreral director Charles Les George  Means of living occur? (City or town) (County) (State) Injured at work?  Mann of living  Means of living August County or County.  Mann of living occur?  Means of living occur?  Means of living occurs (Which)  Injured at work?  M. D. or other  M. D. or other  M. D. or other					RURAL and give nearest town
Second Security Number   Single   Second Security Number   Second Security Number   Single   Second Security Number   Second Second Second Security Number   Second Sec	Allega	ny Hospi	tal - Cumberland, M		ion)
Mr. John Hext  A. Sex    S. Color or race   S. Color or race   S. Color or race   Single	How long in hospital or	Institution?	17 days		
Male Single Single Single Medical Certification 11:  6.(a) Name of husband or wife Single Sin	3. (a) FULL NAME		11	3.(	b) Social Security Number
Male White Single  6.(b) Name of husband or wile.  6.(c) It alire, give age years deceased (no. day, yr.)  Dec. 27, 1863  8. AGE: Years Manth Days (Itless than one day 8 10 hrs. min.  9. Birthplace Pennsylvania (Town, county, and state)  11. Industry or business  12. Name William Hext  13. Birthplace England  14. Maiden name Eleanor Corley  15. Birthplace Penna.  16. Informant Allegany Hospital (Burial eremation, or removal, Which)  17. Burial (Burial eremation, or removal, Which)  18. Cumberland, Md.  19. Sept. 9, 1946  20. Date of permits died; that lattended deceased from and that I last saw halls alive on 1 lampediate case of death.  18. Funeral director or removal, Which)  Date thereof.  Cumberland, Md.  19. Sept. 9, 1946  20. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homeide.  Cumberland, Md.  19. Date of op.  Autopsy results.  Physicians Peace aderline the cause to which death should be charged statistical fill of the proposed of the date above stated; that I altended deceased from 21. Industry of business and that I last saw hall alive on 1 law stated; that I altended deceased from 21. Industry of business and that I last saw hall alive to 21. Industry of business and that I last saw hall alive on 21. Industry of business and that I last saw hall alive on 21. Industry of business and that I last saw hall alive on 21. Industry of business and that I last saw hall alive on 21. Industry of business and that I last saw hall alive on 21. Industry of business and that I last saw hall alive on 21. Industry of business and that I last saw hall salive on 21. Industry of business and that I last saw hall salive on 21. Industry of business and that I last saw hall salive on 21. Industry of business and that I last saw hall salive on 21. Industry of business and that I last saw hall salive on 21. Industry of business and that I last saw hall salive on 21. Industry of business and that I last saw hall salive on 21. Industry of business and that I last saw hall salive	A Cay			1 No	he
8. AGE: Years Months 8					17:7
7. Bith date of deceased (no. day, yr.)  8. AGE:  8	MerTO	Militon			
8. AGE: Years Months Bays It less than one day 9. Birthplace Pennsylvania (Town, county, and state) 10. Usual occupalion. Meat Cutter 11. Industry or business 12. Name William Hext 13. Birthplace England 14. Maiden name Eleanor Corley 15. Birthplace Penna. 16. Informant Allegany Hospital Address 215 Decatur St. Cumberland, Md. 17. Burial 18. Burial 19. Date thereof. (month) (day) (year) 19. Cemelery or crematory St. Lukes Cem. 19. Cumberland, Md. 19. Funeral director Charles L. George Address Cumberland, Md.  19. Signature of intentions (County) (County) (State) Injured at home, tarm, industry, public place (where?) Means of injury Injured at work?  M. D. or other  M. D. or other	7. Birth date of			21 ang 19.46 and that I last saw h 1 alive on 2 8	C Card
10. Usual occupation. Meat Cutter  11. Industry or business  12. Name William Hext  13. Birthplace England  14. Maiden name Eleanor Corley  15. Birthplace Penna.  16. Informant Allegany Hospital  Address 215 Decatur St. Cumberland, Md.  17. Burial  18. Euneral (Buriel, cremation, or removal, Which?)  Cemetery or crematory St. Lukes Cem.  Cumberland, Md.  18. Funeral director Charles L., George  Address Cumberland, Md.  18. Funeral director Charles L., George  Address Cumberland, Md.  19. Funeral director Charles L., George  Address Cumberland, Md.  19. Funeral director Charles L., George  Address Cumberland, Md.  19. Funeral director Charles L., George  Address Cumberland, Md.  19. Funeral director Charles L., George  Address Cumberland, Md.  19. Funeral director Charles L., George  Address Cumberland, Md.  19. Funeral director Charles L., George  Address Cumberland, Md.  19. Funeral director Charles L., George  Address Cumberland, Md.  19. Funeral director Charles L., George  Address Cumberland, Md.  19. Funeral director Charles L., George  Address Cumberland, Md.  19. Funeral director Charles L., George  Address Cumberland, Md.  19. Funeral director Charles L., George  Address Cumberland, Md.	82	8	10min.	Intestrial applica	ting 6 h
11. Industry or business    12. Name   William Hext     13. Birthplace   England     14. Maiden name Eleanor Corley     15. Birthplace   Penna     16. Interment   Allegany Hospital     Address   215   Decatur St. Cumberland   Md.     17. Burial   Date thereot   Sept. 9, 1946     (Buriol, cremation, or removal, Which?)   (month) (day) (year)     Cemetery or crematory   St. Lukes Cem.     Location   Cumberland   Md.     18. Funeral director Charles L. George     Address   Cumberland   Md.     18. Funeral director Charles L. George     Address   Cumberland   Md.     19. Funeral director Charles L. George     Address   Cumberland   Md.     19. Funeral director Charles L. George     Address   Cumberland   Md.     19. Funeral director Charles L. George     Address   Cumberland   Md.     19. Funeral director Charles L. George     Address   Cumberland   Md.     19. Funeral director Charles L. George     Address   Cumberland   Md.     19. Funeral director Charles L. George     Address   Cumberland   Md.     19. Funeral director Charles L. George     Address   Cumberland   Md.     19. Funeral director Charles L. George     Address   Cumberland   Md.     19. Funeral director Charles L. George     19. Funeral director Cha		Meat			est.
14. Maiden name Eleanor Corley  15. Birthplace Penna.  16. Informant Allegany Hospital 215 Decatur St. Cumberland, Md.  17. Burial Burial Date thereot Sept. 9,1946 (Month) (May) (year)  18. Funeral director Charles L. George  Address Cumberland, Md.  19. Funeral director Charles L. George  Address Cumberland, Md.  19. Funeral director Charles L. George  Address Cumberland, Md.  19. Funeral director Charles L. George  Address Cumberland, Md.  19. Funeral director Charles L. George  Address Cumberland, Md.  19. Funeral director Charles L. George  Address Cumberland, Md.  19. Funeral director Charles L. George  Address Cumberland, Md.  19. Funeral director Charles L. George  Address Cumberland, Md.  19. Funeral director Charles L. George  Address Cumberland, Md.			ud	Due to	
14. Maiden name Eleanor Corley   15. Birthplace Penna.   Major fiodiogs of operations   Maj	12. Name			Dther conditions	
14. Maiden name Eleanor Corley  15. Birthplace Penna.  16. Intermant Allegany Hospital  Address 215 Decatur St. Cumberland, Md.  17. Burial  (Buriel, cremation, or removal. Which?)  Cemetery or crematory St. Lukes Cem.  Location Cumberland, Md.  18. Funeral director Charles L. George  Address Cumberland, Md.  19. Funeral director Charles L. George  Address Cumberland, Md.  19. Funeral director Charles L. George  Address Cumberland, Md.  21. Sidnature W. Colfee V. County  Major fiodiogs of operations. Male Major fiodiogs of operations.				(Include pregnancy within 3 months of	of death)
Allegany Hospital Address 215 Decatur St. Cumberland, Md.  PHYSICIAN: Please noderline the cause to which death should be charged statistical PHYSICIAN: Please noderline the cause to which death should be charged statistical PHYSICIAN: Please noderline the cause to which death should be charged statistical PHYSICIAN: Please noderline the cause to which death should be charged statistical PHYSICIAN: Please noderline the cause to which death should be charged statistical PHYSICIAN: Please noderline the cause to which death should be charged statistical PHYSICIAN: Please noderline the cause to which death should be charged statistical Accident, suicide, or homicide.  Date of  Where did Injury occur?  (City or town) (County) (State)  Injured at home, tarm, industry, public place (where?)  Means of Injury Injured at work?  M. D. or other	14. Malden name.	Eleanor C	orley	A	
Address 215 Decatur St. Cumberland, Md.  Burial  Sept. 9,1946  (Buriel, cremation, or removal. Which?)  Cemetery or crematory  St. Lukes Cem.  Cumberland, Md.  Location  Cumberland, Md.  18. Funeral director Charles L. George  Address  Cumberland, Md.  Address  Address  Cumberland, Md.  Address  Address  Cumberland, Md.  Address  Addr				14	Date of op
Cemetery or crematory. St. Lukes Cem.  Location Cumberland, Md.  Injured at home, tarm, industry, public place (where?)  Means of injury injured at work?  Means of Injury Collect Vision (County) (State)  Means of Injury injured at work?	215	llegany Decatur	St. Cumberland, Md.	PHYSICIAN: Please noderline the cause to which deat	
Cemetery or crematory. St. Lukes Cem.  Location Cumberland, Md.  18. Funeral director Charles L. George  Address Cumberland, Md.  19. Funeral director Charles L. George  Means of injury  Means of injury  M. D. or other			Date thereot Sept. 9,194	22. VIOLENCE: It death was due to external causes, fill	
Location Cumberland, Md.  18. Funeral directorCharles L. George  Address Cumberland, Md.  1. Signature L. Company Injured at work?  Means of Injury Injured at work?  M. D. or other	(Buriol, cremation,	or removal. Which?)			
18. Funeral director Charles I. George  Address Cumberland, Md.  Means of Injury Injured at work?  Means of Injury Injured at work?  M. D. or other	Cemetery or cremato				
Address Cumberland, Md.  23. SIDNATURE W. Celles Vis Classes  M. D. or other					
M. D. or other				means us injury	
M. D. or other	Address	Cumberlar		13 SIDNATURE IN . Colled To	2 Clina
	19 Sept	9 1946		to clare ou.	

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimor

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Reg.	Dist.	No.	 	<i>[</i>

			CERTIFICA	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:  County			RURAL and give nearest town)	State Maryland County Allegany  City or town Cumberland (If outside city or town limits, write RURAL and give nearest town)  Street No. 220 Pear St.  (If rural, give LOCATION)
6 9 5 7 5 5 5 5 5	Higgin	S (a)Sing	le, married, widowed, or divorced	1/one
4. Sex	W		ingle	MEDICAL CERTIFICATION  20. DATE OF DEATH. 16 19 6 21
6.(b) Name of hueband or  7. Birth date of deceased (mo., dey, yr.)  8. AGE: Yeare  8.2  9. Birthplace	Sept   Months   II	ember Days 16 Va	(c) If alive, give age	Immediate cause of death.:  DURATION
11. Industry or bustness    X	I Maka	ud	ns Owers	Other conditions
Address Cumberland, Md  17. Burial Date thereof Sept. 18, 1946 (Burial, cremation, or removal, Which?) (month) (day) (year)  Cemetery or crematory St. Patricks Cem.  Location Cumberland, Md.  18. Funeral director. Louis Stein, Inc.			reof Sept. 18, 1946 (month) (day) (year)	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
	berland,	ld.	Tranklin M.	23. SIGNATURE De R. Cozum W 2  Address. M. D. or other  Address. eigned 9/16/1

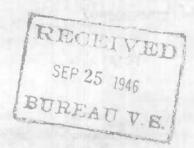
WITH UNFADING INK. Supply every item of information carefully. The cimportant. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLAINLY, V is especially

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# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (Por hewborn infants girst residence of mother)	
County	Manufacile (1/1/2 a acusa	
(If outside city or town limits, write RUKAL and give nearest town)	of Carried and Tall of	
How long in above place of death?	City or town (If butside with or town limits, write RURAL and rive nearest town)	
Hospilal, institution, or street address where death occurred:	OL - L N	
	(If rural, give LOCATION)	
How long In hospital or institution?	2.(a) 11 veteran, name war.	
3. (a) FULL NAME	3. (b) Social Security Number	
I homias Sholder		
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male Strike massed	20. DATE OF DEATH LEATERNHIE 20 1946, at 3 Pm	
Ollan A Maria I (1)		
8.(b) Name of husband or wife wary and alverrage for	21.1 CERTIFY that death occurred on the date above stated; that I attended deceased from	
7. Birth date of Section 1. Section 2. Secti	March 12 19 4 2, 10 September 24, 19 4 k	
7. Birth date of deceased (mo., day, yr.) ang. 12 1898	and that I last saw halive on alplembe 20 19.76	
8. AGE: Years Months Days tiless than one day	Immediate cause of death	
0. AGE.	Congetive regel yestille Lyeus	
68 / 8hrsmin.		
S. Birthplace (Town, county, and state)	Due to Chrommy my Car & years	
10. Usual occupation At COAL PHIMALE		
11. Industry or business Physical W. 8- (Consol)	Due to	
12. Name Albert Land	Olher conditions	
13. 8irthplace maland	(Include pregnancy within 3 months of death)	
# 14. Maiden name Office Burnden	(Include pregnancy within 3 months of death)	
15. Birthplace Congland.	Date of op.	
attanto (1) et a Burnes		
Address 211 Man A	Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged atatistically.	
0:11/23/10	22. VIOLENCE: It death was due to external causes, fill in the tollowing;	
17. Date thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Old Covery Country	Where did injury occur?	
Location Kanasanana, And	Injured at home, farm, Industry, public place (where?)	
of Sight and	Means of Injury Injured at work?	
18. Funeral director	(Ms ~ Mai)	
Address Lonaconnyage Col	23. SIGNATURE WINNES MI	
19 So Sr. 2 19 46 MV Mulliv (Date fee'd by registrar) Registrar	Address 59 Green 8. Date signed Q-21-46	

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-d

### CERTIFICATE OF DEATH

eg. Dist. No. 0854

1. PLACE OF DEATH:	Z. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Allegany	State W. Va. County Mineral
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 12 day 5	City or town
Hospital, Institution, or street address where death occurred:	Street No. 6 Bridge 5x.
Memorial Hospital	(If ruid, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Arch Leroy Huffman	705-07-9637
4. Sex 5. Color or race 5.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W Married	20. DATE DF DEATH Soptember 28 1946 at
6.(b) Name of husband or wife Ida Costello Hoffman	21. I CERTIFY that death occurred on the flate above stated; that I attended deceased from
	Sept-174 1846 1 5 28 1 1846
7. Birth date of	and that I last saw h Line alive on Settle 28 JK 19 16
deceased (mo., day, yr.) Vanuary 10, 1890	Immediate cause of death
8. AGE: Years Months Days If less than one day	Light Grand Kindson ?
56 8 18hrsmln.	
9. Birthplace 5tarstan, Va. (Town, county, and state)	Due to
10. Usual occupation Black smith halper-	
	Due to
11. Industry or business B+O RR- Bolty forge shop.	The property of the second
12. Name Minor Huffman  13. Birthplace 17t, Sidney Va	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Ott	Major findings ol operations
14. Maiden name OH,	Date of op.
16. Informant Ruty Rowe	Autopsy results.
4 1	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address 425 Henderson Ave. Cumberland.	22. VIOLENCE: If death was due to external causes, fill in the following:
17   Bur (a   Date thereof   Capley   19 46   (Burial, cremution, or removal, Which?) (month) (day) (fear)	Accident, suicide, or homicide
Cemetery or crematory Nase Hill Cametery	Where did injury occur?
Location Cumberland Md	Injured at home, farm, Industry, public place (where?)
	Means of Injury Injured at work?
Address Combishand, wed.	( 1 8. 2 8 72 8.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23. SIGNATURE. M. D. or other
18 Cet. 1846 J. F. pranklin, M. D.	Address 49 greece I Bate signed 9:/30/4

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411	N.	Charles	St.,	Baltimore	526)
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		2411 N. Char	rles St., Baltimore	0863	R.
		CERTIFICA	TE OF DEATH	Reg. Dist. No	4
City or town	any berland ide eity or town li death? reet address where of morial	Mary land  Acts, write RURA and give nearest town)  Care  Beath occurred:  Hospital  Adays	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of r State Maryland Court City or town Climberland (If outside city or town limits, Street No. P. O. BOX 145 (If rural, give 2.(a) If veteran, name war	mother)  Note Allegany  Wite RURAL and give ne	earest town)
3. (a) FULL NAME	Theod	or⊖ Johnson		3. (b) Social Security 2/3-22-	
4. Sex   5	. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
Male	White	Married	20, DATE OF DEATHSeptember	16 19.46	
	April   Months	da Hanking  6.(c) If alive, give age 72 year  26 E878 / 87/  0ays If less than one day  20 hrs. min	and that I last saw harmanilye on 9 1.6  Immediate cause of death	46.10.9-16	1946
9. BirthplaceP.	ennsylv	enia Somerset Co.	. Que to		
11. Industry or business		- to work	Due tp	e la seria	
12. NameRub	Pennsy	Sen-	Other conditions		** ************************************
14. Malden name	Mary P Pennsy emorial umberla	inkerton Lvania Hospital nd, Maryland	Major findings of operations.  Autopsy results PHYSICIAN: Please underline the clube 22. VIOLENCE: If death was due to external cause	Day op.	-0
Cemetery or crematory.	Hiller	dy Mdi	Accident, suicide, or homicide	(County)	(State)

23. SIGNATURE.

Address.

M. D. or other

WITH UNFADING INK. Supply every item of information carefully. The correct important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING WRITE PLAINLY, 1 is especially

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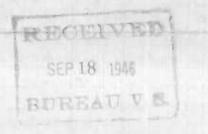
Address

SEP 25 1946
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### MARYLAND STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

rate limits	2411 N. Cl	DEPARTMENT OF HEALTH narles St., Baltimore 940 ATE OF DEATH	Reg. Dist. No. 63#
1. PLACE OF DEATH: County Allegany City or town Cumberland I (If outside city or town iin How long in above place of dealh? Hospital, Institution, or street address where d	Md anits, write RURAL and give nearest town)	City or town Cumberland (1f outside city or town lim street No 506 Green St.	ounty Allegany its, write RURAL and give nearest town) ve LOCATION)
3. (a) FULL NAME	-1		3. (b) Social Security Number
William H. J  4. Sex   5. Color or race   male   white	Onnson 6.(a)Single, married, widowed, or divorced married	MEDICAL C	CERTIFICATION about
6.(b) Name of husband or wife Flore.  7. Birth date of deceased (mo., day, yr.) Tune 2  8. AGE: Years Months  51  2.  9. Birthplace Flore.  (fown, 10. Usual occupation. Temperature.  11. Industry or business Own to	Days If less than one day  15 hrs.  Sounty, and state)	21. I CERTIFY that death occurred on the date a series and that I last saw h. im. Dead.  Immediate cause of death.  COPONARY OCCLUS.	above stated; that I attended decsased from  9
14. Malden name	nown	Major fiadings of operations.	Date of op
Address 506 Greene 57  17. Buria (Burlai, cremation, or removal, Which?)  Cemetery or crematory. Hiller C.  Location. Compact 97  18. Funeral director. Honey  Address Compact 97	Date thereof Sept 12 1946  (month) (day) (year)  A Competery	22. VIOLENCE: If death was due to external	which death shoold be charged statistically.  causes, fill in the following;  Date of



# CERTIFICATE OF DEATH

Served surreg		2411 N. Ch	DEPARTMENT OF HEALTH arlea St., Baltimore 1390 ATE OF DEATH	08638/ Rog. Dist. No.
How long in above place Hospital, institution,	QUE outside city or town lite of death?		Streel No. Kt. #5 -	County Allegany  nd Rural wn limits, write RURAL and give nearest town)  Box 302 ral, give LOCATION)
3. (a) FULL NAM	Kathleer	E. Jones		3. (b) Social Security Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced  M		AL CERTIFICATION 4:05
9. Birthplace	Cumber Lan (Town,  Sess / Youse Gilbert W. Va. Olive W. Va.	Day It less than one day  24 hrs. hrs. n  d, Md. county, and state)  wife  Hai nes  Haines	Immediate cause of death	within 3 months of death)
	Decatur Story, or removal, Which?)	Date thereof. Manneth (ddy) (year)  And	PHYSICIAN: Please underline the car  22. VIOLENCE: If death was due to ex  Accident, suicide, or homicide	Date of

SEP 10 1946
BUREAU V.B.

# CERTIFICATE OF DEATH

Outside City Eim	2411 N. Charl	EPARTMENT OF HEALTH  on St., Baltimore & P. O. C. S.
on carefully. The correctearly and legibly.	1. PLACE OF DEATH:  County.  City or town.  (If outside city or town limita, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death or curred:  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  County  City of County  (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) If veteran, name war.
information of death clea	3. (a) FULL NAME Many Elizabeth Jones	3. (b) Social Security Number
(DING causes of	4. Sex Solor of race S. Single, married, widewed or divorced 7. Was Souled	20. DATE OF DEATH STORY OF DEATH STO
FOR BIN ly every it write the	8. AGE: Years Month Days If less than one day	21. I CERTIFY that seath occurred on the date above stated: that attended because from the date above stated: that attended because from the date and that I lay saw how hall lay on the date of death.    DURATION   DURATI
RESEI G INK.	9. Birthplace Danspshish Co Used 16  10. Usual occupation Bouse Migs  11. Industry or business	Due to. Due to. Due to.
MARGIN UNFADINC	E 12. Name Elisha Dd. Molana 13. Birthplace West Va	Other conditions
WITH Import	14. Malden name Constander Below  15. Birthplace  Mrs. J. Cheese me C. Neese	Major findings of operations.  Date of op.
PLAINLY, is especially	Address Wifeins Pd # 2  17. Bura Date thereof by 1946	Actopsy results.  PHYSICIAN: Please andertine the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
9.45-15	(Burial, cremation, or removal, Which?)  Cometery or crematory	Where did injury occur?
VS At5 9.	18. Funeral director Joseph Stern One Address Cem Busland  19 Sept. 7. 1946 J. P. Franklen, M.A.	Means of Injury Injured at work?  23. SIGNATURE M. D. for other

BUREAU V.E.

SEP 10 1949

BUREAU V.E.

MARGIN RESERVED FOR BINDING

PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

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C		U	X	4

## CEDTIFICATE OF DEATH

	C	0	U	4	U	I
Reg.	Dist.	No.				ļ.,

2411 N. Cha	arles St., Baltimore Bra
CERTIFICA	ATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
JUDENBERG, MAX MR.	3. (b) Social Security Number
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced  MAT. F. W W. Aowel	MEDICAL CERTIFICATION  20. DATE OF DEATH Sept. 28-18-46, 21/2
5.(b) Name of hysband or wife. Minno Rosenberg.  7. Birth date of deceased (mo., day, yr.) Dec. 14, 1876  8. AGE: Years Months Days If less than one day  9 14 hrs. ml	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
9. Birthplace	Due to.
11. Industry or business  12. NameJUDENBERG., LESER  13. Birthplace GERMANY	7/
14. Malden name ROSENBERG., MINA 15. Birthplace GERMANY	(Include pregnancy within 8 months of death)  Major findings of operations.  Date of op.
Address CUMBERI AND MD.  17. Bate thereof Sept. 30,1944  (Burial, cremation, or remove Which?)  Cemetery or crematory Company	Antopsy results
Location Supplied Med,  18. Funeral director busheland, Med,  Address busheland, Med,	Injured at home, farm, Industry, public place (where?)  Meens of Injury  tnjured at work?
19. Deckt 30 19 46 J. F. Tranklin, M. K. (Date/rec'd by registrar)	23. SIGNATURE M. D. or oth M. D. or oth Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

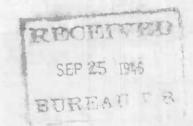
2411 N. Charles St., Baltimore 184)

# CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
county Allegany	State Maryland County Allegany	4
City or town. (If outside city or town limits, write RURAL and give nearest town)	, , , , , , , , , , , , , , , , , , ,	
How long in above place of death? 22 years	City or town (1f outside city of town limits, write RURAL and give no	earest town)
Hospital, institution, or street address where death occurred:	Street No.	***************************************
Brant Road near Cresaptown	(If rurai, give LOCATION)	
Now long In hospital or institution?		
3. (a) FULL NAME	3. (b) Social Security	Number
Vernon R. Keafer		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	40.4
male white single	20. DATE OF DEATH Sept. 20 19. 46	
	21. I CERTIFY that death occurred on the date above stated; that I attended dac	
8,(b) Name of husband or wite	19	
7. Birth date of	and that   last saw him Dead Sept. 20	
deceased (mo., day, yr.) August 18, 1891	Immediate cause of death	DURATION
8. AGE: Years Months Days If less than one day	Internal hemorrhage	at once
55 / 2hrsmin.	(abdominal)	
9. Birthplace Midland Allegany, Md.	Due to Shotgun wounds	
		***
10. Usual occupation Farmer	Due to	***
11. Industry or business Own form		••••
12 Name August Keafer	Other conditions	**
12. Name August Keafer  13. Birthplace Frostburg, Md.		
	(Include pregnancy within 3 months of death)	
	Major findings of operations	
	Date of op	
16. Informant Lawrence Strickland	Autopsy results	I at at at a flar
Address Cresaptown, Md.		statisticany.
	22. VIOLENCE: If death was due to external causes, fill in the following;	20-16
17 Burial cremation or removal Which?)  Date thereof Sept. 23 1946 (month) (day) (year)	Accident, Miches of Months accident Date of	
Cemetery or crematory Allegany Cemetery	Where did injury occur? Dan's Hountain near	(State)
Location Frostbyrg, Maryland	Cresaptown Alleganvout. Ninger and home, tarm, industry, public place (where?) While hu	inting
18. Funeral director John J. Hale	Means of Injury Shot by another hunter	
Address Cyclespelland, algely	23. SIGNATURE H. V. Deming M.D. W. U.	ming M.D
10 4/23/ 10 46 MV/white	M. D.	or other
18. (Date rec'd by registrar)	Address Date signed	7-20/46
	Outy Madical Examiner - Alle	Parl Cat

coputy Medical Examiner -



# 2411 N. Charles St., Baltimore 14950

(492)		U	864
ATH	4.50	Dan Diet	M-

CERTIFIC	ATE OF DEATH Reg. Diat. No
1. PLACE OF DEATH:  County	Street No
3. (a) FULL NAME	3 (b) Social Security Number
MRS. BERTIE JUNE KICHT  4. Sex   5. Color or race   8. (a) Single, married, widowed, or divorced	More
	MEDICAL CERTIFICATION
FEMALE WHITE MARRIED	20. DATE OF DEATH
8. AGE: Yesre Months Days If less than ons day  1. Birth date of deceased (mo., day, yr.) DEC 9 1927  8. AGE: Yesre Months Days If less than ons day  1. Birthplace	and that I leet esw h. C.P. elive on SEPT. 14,  Immedia: cause of death Shock & Hemorrage from spontaneous inversion of the uterus, following normal delivery of full term pregnancy.  Due to Cause unknown  Other conditions  (Include pregnancy within 8 months of death)  Major findings of operations.
ME MODIAT MOSDIMAT	Date of op.
	Autopsy results
Address CIMBERT, AND  17. (Burial, cremation, or period) Which?)  Date thereof & Contact (gooth) (day) (yed)  Cemetery or crematory (Address Contact C	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
17 V V 1 0 . L. (2 )	(one of the same
16. Funeral director. Alsterst C. Teruston	Injured at home, farm, industry, public placs (where?)
Addresa  Addresa  (Cataland Mar.  (Date refe'd by registrar)  (Date refe'd by registrar)	23. SIGNATURE ALLOW Sheet Date signed 9/

2.(a) It veteran, name war	U
	3.(b) Social Security Number
MEDICAL	CERTIFICATION
20. DATE OF DEATHS	EPT. 14. 146 9:20 AM
SEPT. 13,	te shore stated; that I attended decessed from  18.46 to Sept . 14 , 1946  SEPT . 14 , 1846
Immedia: cause of death Shock from spontaneous the uterus, followed delivery of pregnancy.	& Hemorrage DURATION 2 Hrs. lowing normal full term
Cause unknown	2
(Include pregnancy with	in 8 months of death)
Autopsy results	Date of op
22. VIOLENCE: If death was due to extern	al causes, fill in the following:
Accident, suicide, or homicide	Date of
Whers did Injury occur?(City or to	own) (County) (State)
Injured at home, farm, industry, public pla	cs (where?)
Means of Injury	Injured at work?
23. SIGNATURE	wheel.

RECEIVED SEP 25 1946

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2411 N. Charles St., Baltimore 464

# CERTIFICATE OF DEATH

Dr Momulleuns

\* U86436

Rog. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County Allegany	Mareland and allegung
City or town	Slate County
	City or town
How long in above place of death?	(If outside city or town limits, write KUKAL and give hearest town)
	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Jannel	Kirk
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temple white Sund	4. 1. 1 46 7.000
eranice to the markets	20, DATE OF DEATH. # Sept 19#6 , 21 7:000 M
8.(b) Name of husband or wife Austrelia Marticle	21. I CERTIFY that death occurred on the date above stated; that I attended daceased from
Rick	1946, 10 Dept 4 1946
7. Birth dats of	and that I last saw h. And alive on Sunt 2 18 4 h.
deceased (mo., day, yr.) 20 . 18 18 3 0	Immediate cause of death
8. AGE: Years Months Days If less than one day	Carcinony of lever 21 ms
6.5min.	
9. Birthplace Middle othion - allegony. Maryland	Due to.
Town, county, and state	BUC 14-
10. Usual occupation Laure wife	
11. Industry or business Quesa horul	Due to
TI, meanly of the same of the	110
	Diher conditions. Mone
13. Birthplace Andrews	(Include pregnancy within 3 months of death)
# 14. Maiden name Scare II wills	
14. Maiden name. Seath 15. Birthplace Seath 15.	Major findings of operations.
13. Birinplace	Date of op
16. Informant	Autopsy results
Address Barton, hy	
Busiel 1+ 1-16.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removel, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Famuel Kell	Where did injury occur?
Margari mil	Injured at home, farm, industry, public place (where?)
Location	0
18. Funeral director & STyoul	Means of Injury Injured at work?
2 (1 7	XTamanan / Nonna /7
Address / Westerness M. A.	23. SIGNATORE M. D. or other
19 Sept. 6 1940 Thomason mi	1/11 7. / 0 = 1//
(Date rec'd by registrar) Registrar	Address Wislery Md. Date signed 7-1- 7-6

SEP 7 1945 BUREAU V S correct age

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

# CERTIFICATE OF DEATH

DOCAA

11	0	U	*	4	,
Dia	ıt.	No			4

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County Allegany City or town Cum Bayland	State Mdv y land county Allegany
(If outside city or town limits, write RURAL and give nearest town)	Cum houlden
How long in above place of death? 8.3. Y.C. J.F. S.  Hospital, Institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)
Allegary County Intirmary	Street No. 403 N. Center Street
How long in hospital or institution? 28 Days.	2.(a) It veteran, name war. None
3. (a) FULL NAME	3. (b) Social Security Number
Charles August Langer	Hone
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W Single	20. DATE OF DEATH SEPTEMBER 27 1946 at 7
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attempted deceased from
S.(c) If alive, give age	9-246
7. Birth date of 21 101 2	and that I last saw harmonive on 19.
8. AGE: Years   Months   Oays   It less than one day	Immediate true of death DURATION
83 3 6hrsmin.	
0 1 1 1 1/1- M 1 1	and the same
9. Birthplace (V. M. D. V. J. A. C. A. (Town, county) and state)	Oue to Sulfit Ka It is a
10. Usual occupation In Goods Store	Que to algo:
f1. Industry or business Tin Goods	
E 12. Name Charles Langer	Other cooditiona
13. Birthplace Germany	(Include pregnancy within 8 months of death)
14. Maiden name Christina M. Staunch	Major findings of operations.
15. Birthplace Germany	Gate of op. From
16 Interment Mr. John Powers	Antopsy results
Address 216 Volley St., Cumberland, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
D . 1 1 C.11 1 20 10:11	22. VfOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removat, Which?)  Oate thereot. School (day) (year)	Accident, suicide, or homicide
Cemetery or crematory St. L. Les Lutherdan Cometery	Where did Injury occur?
Location Cumber and, Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director, John J. Hafer	Msans of Injury Injured at work?
Address Cumberland Maryland	Etm I Isling.
10 1 1 0 0 to 10 m)	23. SIGNATURE M. D. or ther
(Date We'd by registrar)	Address Line Care Date signed 9-18

WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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PLEASE WRITE

100 September 200

Togas U.

2411 N. Charles St., Battimore 93-0

## CERTIFICATE OF DEATH

08645

Reg. Diat. No...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infant frive residence of mother)
$C: \mathbb{C} \setminus \mathbb{C}$	State County allega County
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	City or town
How long in above place of death?  Hospital, Institution, or street address where death occurred:	(If outside city of town limits, write RURAL and give avareat town)
35 Vigina are.	(If rura, rive LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Ora Shafer La	3. (b) Social Security Number 705-07-6637
4. Sex 5. Color or race 8.(a)Single, married, dowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH. 9/7/46 19 31 2 19
8.(b) Name of husband or wife Edith 4. Kline	21. I CERTIFY that death occurred on the date above stated: that I attempted decreased from
6.(c) If alive, give age	19
7. Birth date of deceased (mo., day, yr.) July 13 1886	and that I last saw harmanilive on
8. AGE: Years Moths Days If less than one day	Immediate cause of death
60 1 24min.	
9. Birthplace Baw Paw Horgan Co. W. Va.	Due to
1D. Usual occupation	Due to A
11. Industry or business 3 + 0. Karlvag.	work yoursely
12. Name John R. Jargent 13. Birthplace	Diher conditions
# 14. Maiden name amanda & efinban	(Include pregnancy within 8 months of death)
15. Birthplace Jown Creels and	Milyor findings of operations.
TALL OF THE PROPERTY	Autupsy results
16. Informant	PHYSICIAN: Please underline the cause tu which death should be charged statistically.
0 0 1 00 100	22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Burial, cremation, or removal, Which?)  Bate thereof. (day) ((ver))	Accident, suicide, or homicide
Cemetery or crematory Tillcrest Cuettery.	Where did injury occur?
Location Cumberland, and	Injured at home, farm, Industry, public place (where?)
18. Funeral director. John J. Halen	Means of Injury Injured at work?
Address Combestant and	(KIMI) . min
11/2 11/2 11/2 11/2 m	23. SIGNATURE M. D. or other
19. Se pl. 19. 19. 10. Paullin 11. N. Registrar	Address // Leolica / 18 day Bate signed 9/9/9/6

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

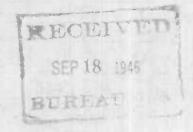
VS/



# CERTIFICATE OF DEATH

2411 N. Ch.	DEPARTMENT OF HEALTH  arlee St., Baltimore 1246  ATE OF DEATH  Reg. Diat. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Allegany City or town Cumberland (If outside city or town limits, write RURAL and give nearest town)  Street No. 133 Va. Ave. (If rural, give LOCATION)  2.(a) if veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
George Edward Lippold	218-16-27/1
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	20, DATE OF DEATH Sept. 9, 19 46, al
6.(b) Name of husband or wife  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days if less than one day  50  9. Birthplace Cumberland, Md.  (Town, county, and atate)  10. Usual occupation. Retired  11. Industry or business  12. Name John D. Lippold  13. Birthplace Cumberland, Md.  14. Malden name Margaret Cosgrove  15. Birthplace Mt. Savage, Md.  16. Informant Mrs. Mary Owens	Due to
Address 133 Va. Ave. Cumberland, Md.  17. Burial Date thereof Sept. 12,19 (Burial, cremation, or removal, Which?)  Cemetery or crematory S.S. Peter & Paul  Location Cumberland, Md.  18. Funeral director Charles L. George  Address Cumberland, Md.  19. Location Md.  19. Location Registrary Registrary	PHYSICIAN: Please underline the cause to which death shoold be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide

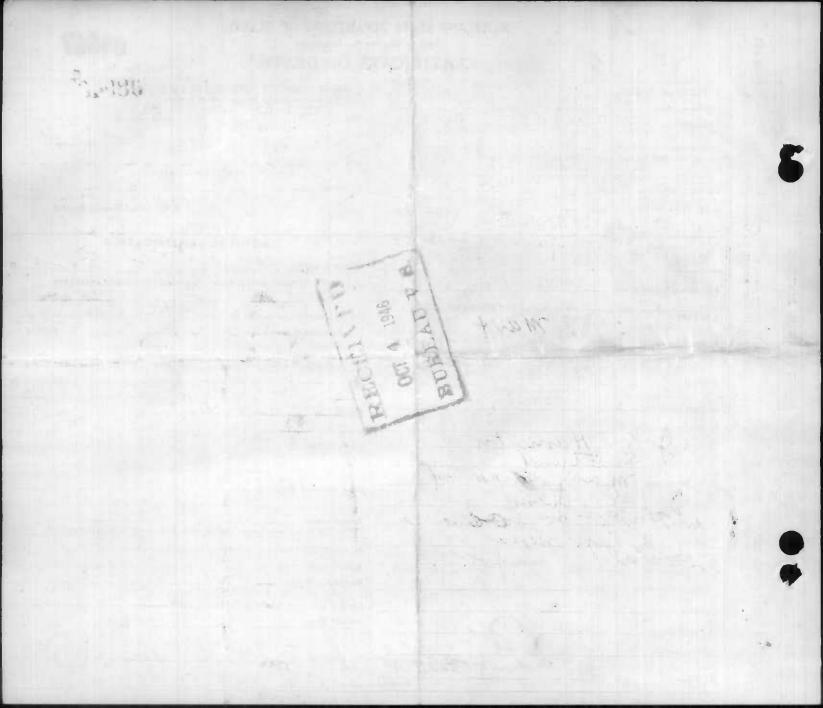
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# 2411 N. Charles St., Baltimore

0	8	6	4	7	-
Dist.	No.			4	

porate limits		2411 N. Chai	EPARTMENT OF HEALTH  Lles St., Baltimore   TE OF DEATH	08647 Reg. Diat. No.
1. PLACE OF DEATH County	nberland ide city or town limits death? Legany Ho	write RURAL and give nearest town) Spital 15 Days	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of r Maryland State Lonaconing City or town (If outside city or town limits.  Street No	Allegany , write RURAL and give nearest town)
3. (a) FULL NAME Mrs.	Belle Lo	chner		3. (b) Social Security Number
4. Sex 5.	. Color or race	3.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION
Female	White	Married	20. DATE OF DEATH. September	
S. (b) Hama of husband or to the state of deceased (mo., day, yr.)  S. AGE: Years  9. Birthplace	1877 - Months Mary (Town, coul Hous	B.(c) If alive, give age yea  May 4  Days   If less than one day  A hrs. mile  rland  nty, and state)  Bewife  Kufurorf	and that I tast saw h	16 10 Selft 30 19 19 19 19 19 19 19 19 19 19 19 19 19
011-	Scoll	enel and	Major badings of operations.  Antopsy results.	Date of op
Address  17. Surface Company or C	remoral Wylch?)	Date thereof OC t 3 1046	PHYSICIAN: Please underline the cause to wh  22. VIOLENCE: tf death was due to external cau	ses, fill in the following;  Date of (County) (State)
18. Funeral director	Ellsworth Burch St	S. Boal	Means of Injury	Injured at work?
19. Oct. 7 (Date rec'd by regist	1709	Jesternport Mid	23. SIGHATURE 36 Gleene 5	M. D. or other



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# MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore 940 CERTIFICATE OF DEATH

	13	Q	R	1	32
Reg.	Dia	E	No	1	10

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	stale Md. County Allegany
Cily or town. (If outside city or town limits, write RUKAL and give nearest town)	City or town Westernport (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
Hospital, Institution, or street address where death occurred:	Street No. 107 Id. AVE A
How long in hospital or institution?	2.(a) If veleran, name war.
3. (a) FULL NAME	3.(b) Social Security Number
Adelaide Delores Lynch	
Female   5. Color or race   6.(a)Single, married, widowed, or divorced   Married	MEDICAL CERTIFICATION Sept, 1 46 12.10a
John Lynch	21. I CERTIFY that death occurred on the date above stated; that I attended decreased from
6.(6) Name of husband or wife	Sept 1 19 /6, 10 Dept 19
7. Birth date of Aug. 17, 1903	and that I last saw h. C.Y. alive on Superficient 19
deceased (mo., day, yr.) Aug • 17 9 2000  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
43 14hrs. min.	aconomy of the state of the sta
Westernnor; -Allerany-Md.	
9. Birthplace (Town, county, and state) House-Wife	Due to
to Usual occupation House-111e	Pro le
11 Industry or husiness	DUB 10
11. Industry or business  12. Name.	Other conditions.
t2. Name	
	(Include pregnancy within 3 months of death)
Catherine Wilson  14. Maiden name	Major fiadiugs of operatious
John Lynch	Date of op
16. Informant Westernport, Md.	Autopsy results
Address	22. VIOLENCE: It death was due to external causes, till in the tollowing;
Purial Supt. 4, 46  [Burlal eremation or genoval Whieb?]  [Burlal eremation or genoval Whieb?]  [Burlal eremation or genoval Whieb?]	Accident, suicido, or homicide
St. Peters	Where did injury occur?
Cometery or crematory Westernport, Md.	Injured at home, farm, industry, public place (where?)
Ellsworth S. Boal	Means of Injury Injured at work?
18. Funeral director	(Indian or miles)
Address / Westernport, Md.	23. SIGNATURE (FEBERRY In. D.
19 Jaj. 4 19 46 apaymon Box 201	23. SIGNATURE M. D. or other

RECHIVED SEP 6 1945 BUREAU V S The correct age

WITH UNFADING INK. Supply every item of information carefully. The cimportant. Physicians: please write the causes of death clearly and legibly-

PLAINLY, V is especially

PLEASE WRITE

VS A15

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimor

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.0	(022-8)	
	(9374)	

		CERTIFICA	TE OF DEATH Reg. Dist. No	4
City or town	egany  nberland  outside city or town lin  of death?  street address where d  Raverely I	nita, write RURAL and give nearest town) eath occurred: errace	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdence of mother)  State Maryland County Allegany City or town Cumberland (If outside city or town limits, write RURAL and give neare  Street No. TS.O. Vaverely Terrase (If rural, give LOCATION)  2.(a) If veteran, name war.	eat town)
3. (a) FULL NAM		Elizabeth Martz	3. (b) Social Security No	umber
F. (b) Name of husband	5. Color or race	6.(a)Single, married, widowed, or divorced  Married  er B. Martz	21. I CERTIFY that death occurred on the date above stated; that f attended decease	at 4:50 P M
7. Birth date of deceased (mo., day, 8. AGE: Years  9. Birthplace	yr.) Oct. I s   Months 3   II reensburg. I (Town.) House wi		and that I last saw h. C.C. alive on	DURATION / day 3.days
Address W.  17	iley Ford. Which?) oryFinks	Glencoe Cem.  Stein Inc.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged at  22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	atistically.  (State)  M. D.

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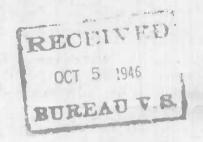
SEP 25 1946

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2411 N. Charles St., Baltimore ?

## CERTIFICATE OF DEATH

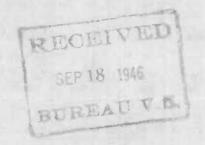
1. PLACE OF DEATH: // Of account	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or town. 10221021	Stale County County
(If outside city of town mints, write RORAL and give nearest town)	City or town Larlore
How long in above place of death? 56 GILA 31	(If outside city or town fimits, write RURAL and give nearest town)
Hospital, Institution of street address where death occurred:	Street No. Salrable St.
Tabrobe XL	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Synmin Kichards 1	Mc Cormack 3. (b) Social Security Number
4. Sex 5. Color or race 8.(a)Single, married, widowed, or, divorced	MEDICAL CERTIFICATION
Terrale White Margeles	20, DATE OF DEATH, Statt 28 1946, at 4,45
6,(b) Name of husband or wife Alinina Michael Timed	21. I CERRIFY that feath occurred on the date above stated; that I gittended deceased from
	Sept 25 th 146 to stept 28 10 th
7. Birth date of deceased (mo., day, yr.) Adultated 14, 1872	and that I last saw halive on18
8. AGE: Years Months Oay's If less than one day	Immediate cause of death DURATION
74 8 14 mm.hrs.	min. May wat shift
Allera The	
9. Birthplage A Jack June - Willy June 1 (1900)	Ductockers Tellers
10. Usual occupation Hacise wife	
11. Industry or business ali n Longe	Due to
12. Name. Authory Richards	Other conditions
\$ 13. Birthplace Penting Walling	(Include pregnancy within 3 months of death)
14. Maiden name Limbert Freguet  15. Birthplace Skanner resilier Street	
Tassas Do	Major findings of operations
El 15. Birthplace Samuel May Color	Date of op.
18. Informant MCGCL PHI CONTROLLE	Autopsy results
Address Barton, Julia	PHYSICIAN: Please underline the caose to which desth should be charged statistically.
B. 17:00 (0+9 194	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cromation, or removal. Which?)  Date thereof	Accident, suicide, or homicide,
Larger Hell (lilia)	Where did injury occur?
Cemetery or crematory	
Location Marcoll, 1000	Injured at home, farm, industry, public place (where?)
50 July The 2130-al	Means of injury, injured at work?
18. Funeral director	600
Address Willington, Mid	23 SIGNATURE RECEIVE NO
1 Steller 2. La Promition Bon 130	M. D. or other
(Date rec'd by registrar) Regis	trar Address Celleufor M. Date signed I.



Reg. Dist. No.

2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:
State 17d Coun	y Allegony
City or town	write RURAL and give nearest town)
Street No.	
(If rural, give I	LOCATION)
2.(a) It veteran, name war	
	3. (b) Social Security Number
907	214-07-5475
MEDICAL CE	RTIFICATION
20. DATE OF DEATH Sept	13 19 46 , at 4:45 A.
21. I CERTHY) that death occurred oo the date above the part of th	e stated; that I aftended deceased from 46, to 45
Immediate cruse of death.  Chronic Myo	DURATION
Due to.	
	***************************************
Due to	
Diher conditions of the condit	anthr of doubh
Major findings of operations Prosts	Lectory gar kypertog
Autopsy results PHYSICIAN: Please underline the cause to whi	
22. VIOLENCE: If death was due to external cause	es, till in the tollowing;

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# CERTIFICATE OF DEATH

MEDICAI  OF DEATH	Sa Vage limits, write RURAL and give 1  3. (b) Social Securit 212-12-8402  L CERTIFICATION  19. 4  ate above stated; that I altended de	egany nearest town)  ty Number  3:40 P.
Maryland  (If outside city or town  (If rural eleran, name war.  MEDICAI  OF DEATH	Sa Vage limits, write RURAL and give 1  3. (b) Social Securit 212-12-8402  L CERTIFICATION  19. 4  ate above stated; that I altended de	ty Number  2 6. 3:40 P.
OF DEATH	212-12-8402 L CERTIFICATION  5 18 4	6.3:40 <sub>P</sub> .
OF DEATH	L CERTIFICATION  5 19 4 Are above stated; that I altended de	3:40 <sub>P</sub> .
OF DEATH	_5194	6. al P.
7IFY that death occurred on the da	ate above stated; that I altended de	6 ai P.
7IFY that death occurred on the da	ate above stated; that I altended de	
fung (lun	to left	DURATION 2 344
(Include programme with	hin ? months of death)	
diags of operations.	Date of op	2
ENCE: If death was due to extern	nal causes, fill in the following;	
d injury occur?(City or to		
home, farm, Industry, public pla	Injured at work?	110
in /	results	Date of op

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#### MARYLAND STATE DEPARTMENT OF HEALTH

## 2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

U	Ö	U	O	4
Diat.	No		6	4

1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Maryland County Allegany City or town Cumberland (if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:  Allegany Hospital, Cumberland, Md.  How long in hospital or institution?  17 days	Street No. 101 Frederick Street (If rural, give LOCATION)  2.(a) if veteran, name war.
3.(a) FULL NAME Mrs. Julia McKosky	3. (b) Social Security Number
4. Sex 5. Color or racs 8.(a) Single, merried, widowed, or divorced  Flugale White Widowel	MEDICAL CERTIFICATION 6:10  20. DATE DF DEATH. September 10 19 46 21 P. N
6.(b) Name of husband or wife. Frank Mc Kosky  7. Birth date of deceased (mo., day, yr.) Aug. 25, I880	21. I CERTIFY that death occurred on the date above stated; thet Lettended deceased from  Disgraph 6 19 46 1
8. AGE: Years Months Days If less than one day  66 0 15	Immediato cause of death DURATION One year
9. Birthplace Pennsylvania (Town, county, and state)  10. Usual occupation Housewife  11. Industry or business	Due to.  Due to.
12. NameWm. C. Boskey	Diher conditions Openflectic Stake 2 mostle.  (include pregnancy within 3 months of death)
14. Malden name Julia Boskey  15. Birthplace Austria	(include pregnancy within 3 months of death)  Major findings of operations
16. Informant Allegany Hospital Address Cumberland, Maryland	Autopsy results PHYSICIAN: Please underline the cause to which death about he charged statistically.
17. Burial (Burial, cremation, or removal. Which?)  Cemetery or crematory Bridgeport Cema.	22. VIOLENCE: If death was due to external causes, thi in the following:  Accident, suicide, or homicide
tocation Brownsville Penne.  18. Funeral director Louis Stein Inc.  Address Cumberland Maryland.	Injured at home, farm, Industry, public place (where?)  Maans of Injury  Injured at work?
19. Sept. / 19. 46. J. P. Tranklin M. D. (Date ref d by registrar)  Registrar	23. SIGNATURE M. D. or other  Address Date signed 9-11-46

SEP 18 1946

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CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore (157-2)

08654

Reg. Diat. No. .....

1. PLACE OF DEATH: Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cumhanland	State Penna. county Somerset
City or town	City or town. R.D. #1 Me versdale (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:  Memorial Hospital	Street No.
Annual Control of the	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Ray Alden Minick	None
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Infant	20. DATE OF DEATH
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	Current 11 18 46 10 Sept 2 - 18 46
7. 8 Irth date of	and that I last saw was alive on sept 2 mg 19.46.
deceased (mo., day, yr.) July 29, 1946	
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
1 4hrsmin.	Conferral Endercadates Desire
9. Birthplace Somerset Co. Penna. (Town, county, and state)	Due to. Juite
10. Usual occupation. Infant	
	Due to
11. Industry or business	Jufacua 3M
Eárl Minick  12. Name Eárl Minick  3. Birthplace Garrett Co. Md.	Other conditions
	(Include pregnancy within 8 months of death)
14. Malden name Loverta Minick 15. Birthplace Garrett Co. Md.	Major fisdings of operations
15 Richalace Garrett Co. Md.	
	Date of op
18. Informant Mr. Earl Minick	Antopsy results
Address R.D.#1 Meyersdale, Penna.	22, VIOLENCE: If death was due to external causes, fill in the following:
Burial  (Burial, cremation, or removal, Which?)  Date thereof Sept. 5, 1946 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Johnson Cem	Where did injury occur?
Location National Pike, Garrett Ca, Md	Injured at home, farm, industry, public place (where?)
18. Funeral director Charles L. George	Means of injury Injured at work?
Address Cumberland, Md.	6 7 Duensty N
1. 1. 1. 1. 1. 1. 1. 1. m. N	23. SIGNATURE M. D. or other
(Date sec'd by registrar)  (Date sec'd by registrar)  (Date sec'd by registrar)	Address Charles Land Med Date signed 9-3-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS A15

SEP 10 1946 BUREAU V.S. RESERVED FOR BINDING

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# WRITE PLEASE A15

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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### CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County	State allegany county allegany
(If outside city or town limits, write RURAL and give nearest town)	City or town Cumberland
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest bown)
allegany Hospital	Street No. 326 Pear St.
How long in hospital or Astitution?	2.(a) If veteran, name war. Idoxld War La
3. (a) FULL NAME 7 00.	3. (b) Social Security Number
Translin Jarrell	Moore 216-22-5266
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male while married	20. DATE OF DEATH 9 8 8 6 19 19 19 19 19 19 19 19 19 19 19 19 19
8.(b) Name of husband or wife that Fast	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If allve, give age. 4. 8. years	19 × 6 10 × 6 10 × 6
7. Birth date of deceased (mo., day, yr.) Feb 10, 1897	and that I last saw hand alive on Telefort 8 10.
8. AGE: Years Months Days If less than one day	Immediais cause of death
49 6 28hrsmin.	Jack Mell
9. Birthplace Sugar grove, Ohio	Due fo
Town, county, and state)	
10. Usual occupation	Due to
11. Industry or business Woodwarkung Styrung	
H 12. Name Dengander Tolling	Other conditions Black Control Other Conditions
	(Include pregrancy within 3 months of death)
E 14. Maidell Halle	Major fiediogs of operations.
15. Birthplace Cumberland Md.	Date of op.
16. Informant Mas & J. Motor	PHYSICIAN: Please noderline the caose to which death should be charged statistically.
Address 376 Vear St- Cumberland My	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burisi, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory. Greenmont Cemetery	Where did injury occur?
Location Curliberland and.	Injured at home, farm, Industry, public place (where?)
0.0 0 3/1/2	Means of Injury Injured at work?
18. Funeral director.	0110
Address with the did.	23. SIGNATURE M. D. or other
(Date 196'd by registrar)  (Date 196'd by registrar)  (Date 196'd by registrar)	Addres 22 Bedford EX Date signed 9/9/46

SEP 18 1948
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

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### MARYLAND STATE DEPARTMENT OF HEALTH

411 N. Charles St., Baltimore 23-d

2411 N.	Charles St.	, Daiti	more	13-06
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Reg. Dist. No.

Clify or town.  (If outside city or town intities, write RURAL and due nearest town)  Roy log in about place of death.  Roy log in hospital or institution?  3. (a) FULL NAME  3. (b) Social Security Number  (If rore), give LOCATION)  2. (c) If weleran, name was.  8. (c) FULL NAME  3. (b) Social Security Number  3. (b) Name of husband or wife.  8. (c) It alive, give age.  9. (c) It alive, give age.  10. Usual occupation.  11. Industry or business.  12. It is industry or business.  13. Birthplace  14. Major findings of operations.  15. Birthplace  16. Mane of husband  17. Rame of husband  18. AGE: tears of theother of the control o	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town.  (If outside city or town limits, write AlliAnd and give nearest town)  How long in above place of death?  Street No. 50.9  (If outside city or town limits, write RURAL and give nearest town)  Street No. 50.9  (If outside city or town limits, write RURAL and give nearest town)  Street No. 50.9  (If outside city or town limits, write RURAL and give nearest town)  Street No. 50.9  (If outside city or town limits, write RURAL and give nearest town)  Street No. 50.9  (If outside city or town limits, write RURAL and give nearest town)  Street No. 50.9  (If outside city or town limits, write RURAL and give nearest town)  Street No. 50.9  (If outside city or town limits, write RURAL and give nearest town)  Street No. 50.9  (If outside city or town limits, write RURAL and give nearest town)  Street No. 50.9  (If outside city or town limits, write RURAL and give nearest town)  Street No. 50.9  (If outside city or town limits, write RURAL and give nearest town)  Street No. 50.9  (If outside city or town limits, write RURAL and give nearest town)  Street No. 50.9  (If outside city or town limits, write RURAL and give nearest town)  Street No. 50.9  (If outside city or town limits, write RURAL and give nearest town)  Street No. 50.9  (If outside city or town limits, write RURAL and give nearest town)  Street No. 50.9  (If outside city or town limits, write RURAL and give nearest town)  Street No. 50.9  (If outside tity or town limits, write RURAL and give nearest town)  Street No. 50.9  (If outside tity or town limits, write rule and give nearest town)  Street No. 50.9  (If outside tity or town limits, write rule and give nearest town)  Street No. 50.9  (If outside tity or town limits, write rule and give nearest town)  Street No. 50.9  (If outside tity or town limits, write rule and give nearest town)  Street No. 50.9  (If outside tity or town limits, write rule and give nearest town)  Street No. 50.9  (If outside tity or town limits write rule and give nearest town)  Street No. 50.9  (If outside tity or tow	County allegany	Baranda al Milliano
thow long in above place of detable.    Control   Contro	City or town	le de la sort.
Street No. 1204 (If rural, give LOCATION)  3. (a) FULL NAME  3. (b) Social Security Number  4. Set S. Color or race (S) Single, married, widowed, of dispute the color of the state of the state of deceased (mo. dsy, vr.)  5. Birth date of deceased (mo. dsy, vr.)  8. AGE: tears (Months Pays Itles thin one day bris. Clown, county, and state)  10. Usual occupation.  11. Industry or business.  12. Birthplace (Town, county, and state)  13. Birthplace (Town, county, and state)  14. Maiden name (Include pregnancy within a months of death)  Major findings of operations.  Date of op.  Antopyr results. Please underline the cause to which death should be charged statistically.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:	How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
How long in hospital or institution?  3. (a) FULL NAME  3. (b) Social Security Number  2. (c) Hame of husband or wife	mospilar, mystylling of state of the state o	
3. (a) FULL NAME  3. (b) Social Security Number  2. Set  5. Color or race  6. Color		
4. Set  4. Set  5. Color or yace  6. (a) Name of husband or wife.  6. (b) Name of husband or wife.  6. (c) If alive, give age.  7. Birth date of deceased (mo., doy, yr.)  8. AGE: Years  9. Birthplace.  9. Birthplace.  10. Usual occupation.  11. Industry or business:  12. Name.  13. Birthplace  14. Maiden name.  15. Birthplace  16. Informant.  17. Birthplace  18. Informant.  18. 18. I		
A. Set  S. Color or yace  Michigan  S. Color or yace  S. Color or	3. (a) FULL NAME	2
6.(b) Name of husband or wife I same and some states and states and that I sat saw h allie on the date above stated; that attended deseased from the deceased (mo., dsy, yr.)	4 Say   5 Color or race   50th Single married widowed or different	
6.(b) Hame of husband or wife	On a with will all	11 - 11 - 10
6.(b) Hame of husband or wife	The Nine frames.	20. DATE OF DEATH 1946 21 4 M
7. Birth date of deceased (mo., dsy, yr.)  8. AGE: Years (Months Pays If less than one day hrs. min.)  9. Birthplace		21. I CENTIFY that death occurred on the date above stated; that attended deceased from
deceased (mo., dsy, yr.)  8. AGE: Years (Months ) Jays   if less than one day   hrs.   min.    9. Birthplace (Town, county, and state)  10. Usual occupation   Usual	7. Plats data of	C N = 719 VI
8. AGE: Years Months Pays If less than one day  9. Birthplace	4 1054	20 11 11 11
9. Birthplace	8. AGE: Years Months Pays If less than one day	Marchal Janley
10. Usual occupation	89 7 28hrsmin.	Chrace Myserchhio.
10. Usual occupation	9. Birthplace (Town, county, and state)	
11. Industry or business    12. Name	10. Usual occupation steelesson been	
12. Name A Corrections  13. Birthplace  14. Maiden name (Include pregnancy within 3 months of death)  15. Birthplace  16. Informant Day Karries (Physician)  Address  Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:	68 + 1 0	
13. Birthplace   Campbelland   Sud   (Include pregnancy within 3 months of death)	× 1/1	
14. Maiden name   Carrolled and Ind.   Major findings of operations   Major findings of operations   Major findings of operations   Date of op.		
16. Informant Day Major findings of operations.  16. Informant Day Major findings of operations.  Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:	<u>K</u>	(Include pregnancy within 3 months of death)
Antopsy results		Major findings of operations
Address Dranderline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:	E 15. Birthplace amplificant mg.	Oate of op.
Address Durasterland . 22. VIOLENCE: If death was due to external causes, fill in the following:	16. Informant Drug / Incressor	
K	Address Brunterland.	
	17 Brial Pate thereof Sept 28 46	
	17. Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremajory A (County) (State)	Cemetery or cremajory	(City or town) (County) (State)
Location Communication on Injured at home, farm, Industry, public place (where?)	Location Communicated and.	Injured at home, farm, Industry, public place (where?)
18. Funeral director assis Stein Sas. Means of injury Mans of injury Mans of injury	18 Europa director atomis Stein Ina.	Means of Injury / njured at work?
		( NYIII II - The
Address Comprehense 23. SIGNATURE M. D. or sher	Address Of The Man	23. SIGNATURE M. D. or other
19 Superior 19 46 A. F. Dauklin Registrar Address Addr	19 Syst 2 18 4 6 A T. Dauklin Registrar	10111 1 911 911

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	2411	N.	Charles	St.,	Balti	more	(159)
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Reg. Dist. No.

1. PLACE OF DEATH: County Allegany				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
Cuml	nberland If outside city or town limits, write RURAL and give nearest town)			State Maryland County Garrett				
(11)	outside city of town			City or town Kitzmiller				
Hospital, Institution, o	or street address where	death occurred	lours	Main St.	s, write KUKAL and give nearest town;			
			1	(If rural, give LOCATION)  2.(a) If veteran, name war				
How long in hospital	or institution?	8	Hours					
3. (a) FULL NAM	AE .				3. (b) Social Security Number			
Allendar.	Baby Gi	rl Nogl	e		None			
Female Female	White	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CI	ERTIFICATION			
Lemare	WILLOO	201.	m8 + 0	2D, DATE OF DEATH Sept. 8	1946 at 7 P			
	1			21. I CERTIFY that death occurred on the date abo	ove stated; that I attended deceased from			
				Leplember 8 19	4 C to Splember 19 86			
7. Birth date of	Sant	8,19	c) If alive, give ageyears	and that I tast saw h	plen ber 8 19 PL			
deceased (mo., day,	(10)			Immediate cause of death				
8. AGE: Year	rs Months	Days	If less than one day	premeting be	la (7 month) 8 kg			
			8 hrs. min.					
a Blethelan Cum	nberland,	Alle	g. Co.,Md.	Due to toring press	nu			
3. Birinpiace	(Town	, county, and	state)					
10. Usual occupation.			***************************************	Due to	/			
11. Industry or busine	ess							
質 12 Name Joh	n Freder	ick N	ogle	Other conditions				
12. Name Joh 13. Birthplace	edford, F	a.						
E 10. Bittiplace				(Include pregnancy within 8				
14. Maiden name	Edna Ire Vindex, M F. Nogle	ra		Major findings of operations				
2 15. Birthplace	F. Nogle	*CC *			Date of op			
	r. MORTA			Antopsy results				
AddresKitz	miller,	Md.		PHYSICIAN: Please underline the cause to w				
Page 1 0			Sept.9.1946	22. VIOLENCE: If death was due to external ceu				
17(Burial, crematio	on, or removal. Which	Date ther	Sept.9, 1946 (month) (day) (year)	Accident, suicide, or homicide	Date of			
Cemetery or crema	Hamill	Cemete	ry	Where did Injury occur?(City or town)	(Connty) (State)			
Kit	zmiller.	Md.		Injured at home, farm, Industry, public place (w				
Location				Maans of injury	Injured at work?			
18. Funeral director	otha F. S	narple	955	O 12	. 1.			
Address, B181	ine, W.Va	•		6/4	in MI			
1. 11	9 11	60	Pta Wim ms	23. SIGNATURE	M. D. or other			
19 Chaterree'd hy r	19.4.	o. Jul	Registra	Address Sy Means	VI Date signed 9-10-			
( and by the county to				7				

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The content is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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4	Reg. Diat. No	4

					- 1	
1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:	
			••••••	state Maryland County Allegany		
City or town Cumberland (If outside city or town limits, write RURAL and give nearest town)						
How long in above place of death?				(If outside city or town lin	mlts, write RURAL and give nea	rest town)
Hospital, Institution, or				Street No. 436 Laing Av.	e	
436 Laing Ave.				(If rural, g	rive LOCATION)	
How long in hospital or	Institution?			2.(a) If veteran, name war		
3. (a) FULL NAME					3. (b) Social Security	Number
Harri	et E. Nori	ris			More	
4. Sex	5. Color or race	6.(a) Single, m	arried, widowed, or divorced	MEDICAL	CERTIFICATION	
F	W	Wido	wed	20. DATE OF DEATH Soph	10, 19 \$6	11:30A-
6.(b) Name of husband	or wife Go	eo. W. N	orris	21. I CERTIFY that death occurred on the date		
			alive, give ageyears	S-gst. 10,	1946 to 57	10,19
7. Birth date of			Allte, Bite ageyears	and that I last saw hammalive on	- pr - 10	19/16.
deceased (mo., dsy, y		3, I876		Immediate cause of death	·······	DURATION
8. AGE: Years	Months	Days	If less than one day		A	* *************************************
70	5	7 .	hrs min.	Coronary 1	prombosis	10 surins
9. BirthplaceLJ	ttle Orle	ans Mar	tland	Due fo		••••••••••••••••••••••••
10. Usual occupation	House	Wife			***************************************	
		***************************************		Due to	***************************************	•
11. Industry or business				-	***************************************	* *************************************
12. NameHe				Dther conditions		
13. Birthplace		Maryland		(Include pregnancy within	2 months of death)	
14 Maiden name	Hannah Li	naburg				
10				Major findings of operatioes		
	Maryla			-		
16. Informant	Robert Nor	ris		Antopsy results	which doubt should be charged	etatistically
Address /	36 Laing A	37.0				The state of the s
	- 0		Sent. T2 T9/6	22. VIOLENCE: tf death was due to external		
17. Buria.	or removal. Which?	) Date thereof.	Sept. 12,1946 (month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or cremato	гу	Hillcres	t	Whera did injury occur?(City or tow	(County)	(State)
				Injured at home, farm, industry, public place	(where?)	
			h	Means of Injury	Injured at work?	
Addrese	Cumberlan	^	100	, clays	. Juri	M
165t	11, 19 46		de Frank	23. SIGNATURE	M. D.	or/other
(Date rec'd by re	ristrar)		M Mgistrar	Address seconder o	Date signed_	1

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ADING INE. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)



CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (I-	IOME) OF DECEASED:
City or town. City or town limits, write RURAL and give n	land State und	county allegany
How tong in above place of death? 4.3 4.5. Hospital institution, or street address where death of curred:	Street No agute	or town links write RURAL and two nearest to an a control of the c
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Was Clara El	lizabeth Odgers	3. (b) Social Security Number
4. Sex 5. Color or race B.(a) Single, married, widowed,	ordiaced ME	DICAL CERTIFICATION
Femalo White marri	of an autor acres Se.	pt 12 1046 1 5:00P
0.4 41 00	2D. DATE OF DEATH	on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	11 Sept- 1	1946 10 3 7 12 1946
7. Birth date of	years and that I last saw harmalive	SURT 11
deceased (mo., day, yr.) clug / 1874	Immediate cause of death	ocovery thrown DURATION
8. AGE: Years Months O Days ti less'than one	e day	famous (3)
72 0 25hrs.	min. Cerebrot k	1 24-h
8. Birthplace Froothern allegange (Tywa, county, and state)	Co. Ma Due to.	gently give
10. Usual occupation.		
11. Industry or business Of Army		
E 12. Name Courad Miles	Dther conditions	
13. Birthplace	(Include pregn	ancy within 3 months of death)
E 14. Maiden name Jennie . Dun	Major findings of operations	
15. Birthplace Ohio		Date of op
16 Informant Tyre Howard Frage	Qa Autopsy results	
Address Route 2 - Flintstone	un a	he cause to which death should he charged statistically.
13.10	1-14,194/	e to external causes, fill in the tollowing:
(Burial, cremation, or removal. Which?)	(day (year) Accident, suicide, or homicide	
Cemetery or crematory Justesly Methodi	Where did Injury occur?	City or town) (County) (State)
Location Hear Cumberland, I	Injured at home, farm, industry, p	public place (where?)
500 9/200	Means of injury	Injured at work?
18. Funeral director		& furred
Address winterland W	23. SIGNATURE	M.D. or other
19. Left 1.14 19 46 Joseph S.C.	Registrar Address Cesson	harland nate stenool 3/46
(Date nec d by registrar)	AUG! CSS	

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2411 N. Charles St., Baltimore 25-0

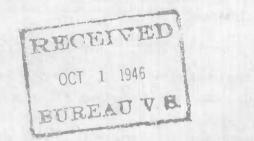
### CERTIFICATE OF DEATH

08669/ Reg. Dist. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (Po) newborn infants give residence of mother)
County Milliagram	state maryland county allyning
City or town (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	(If outside city or town limits, writy RURAL and give nearest town)
How iong in above place of death?	
538 h. michanic Sh.	Street No. 538 (If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Barbaras Hennietta	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Hidrwed	20. DATE OF DEATH Sept 28 19.46,01 6 A.
6.(6) Name of husband or wife William 2. Ollrick	21. I CERTIFY that death occurred on the date above/stated; that Justended deceased from
6.(c) It alive, give ageyears	Wept 1 / 19/6, 6 49 70 186
7. Birth date of	and that I last saw har alive on last
deceased (mo., dsy, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediais cause of death
59 V 18hrsmin.	Existal kewarshage y days
9. Birthplace Cumber land mo	Due to.
(Town, county, and state)	previol apertosión / mos
10. Usual occupation	Due 10
11. Industry or business	
12. Name Ses . Saker 13. Birthplace	Other conditions
13. Birthplace	(Include pregnancy within 3 months of death)
# 14. Maiden name Mary Stifeter	Major findings of operations.
14. Maiden name	Date of op.
16, informant & Mrs Alaine D. Ellaine	Autopsy results
Address Charlesland, Tond.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Busial Vest 30 1946	22. VIOLENCE: It death was due to external causes, till in the tollowing:
17	Accident, suicide, or homicide
Cemetery or crematory Topl Hull Clave	Whers did injury occur?
Location Cumberlands and	injured at home, farm, industry, public place (where?)
18. Funeral director Louis Stein Due	Means of injury Injured at work?
Address Cumberland Ind.	16. It p revaskis & m)
1 / t 2 5 11/ 0 0 + 11 · m )	23. SIGNATURE M. D. or other
19. Sept 1 0, 19 4 6 X Transleten M.A. Registrar	indiscollected Pad Date signosept 28-46

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Ine correct age is especially important. Physicians: please write the causes of death clearly and legibly.



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### MARYLAND STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH ILL MANNY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State M. Garyland , County addle grandy
(If outside city or town-limits, write RUSAL and give pearest town)	1 midlined 11 (1
How long in above place of death? 2 weeks 6 days	(If outside city or town limits, write RURAL and give hearest town)
Hospital, Institution, or street address where death occurred;	Street No. O'MANA ANC
Mandel Ad Land And And And And And And And And And A	(If rural, givo LOCATION)
How long in hospital or institution? 12 weeks 6 days	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Hugh !	Rourke
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White Single	2D. DATE OF DEATH SEAT TO 19 46, at 3 PM
L- /	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
8.(6) Name of husband or wife	1946, 10 9/20 1946
7. Birth date of 6. (c) If elive, give age yeers	and that I last saw hamalive on 9/20
deceased (mo., day, yr.) Oyroca 8, 101	Immediate cause of death
8. AGE: Years Wonths Days If less than one day	Julmonary mbolism & min
73 3 /2min.	
8. Birthplace Ocean alleganing to Ma	Due to Fracture St hip 20 days
(Town, county and start)	
1D. Usual occupation.	Due to
11. Industry or business Ocean Omyl	
12. Name Latrick Of June	Dther conditions
	(Include pregnancy within 8 months of death)
14. Malden neme Allary and Carramany  15. Birthplace Selfand	Major findings of operations
≥ 15. Birthplace cheland	Date of op.
16. Informant Mrs. Ivhu a Malloy	Autopsy results
le le la dont	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Commercial Address The	22. VIOLENCE: If death was due to external causes, fill in the following:
(Bnrial, cremation, or remoyal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide.
At Mich - On Bruston	Where did injury occur? (City or town) (County) (State)
Cemetery or crematery of the second of the s	Injured at home, farm, Industry, public place (where?)
Location T	Means of injury = see at home injured at work?
18. Funeral director La Carollabora	(1.00) (1.11)(1)
Address Foraconing, Ma	as CICHATURE HI da assellatty MM.
Q-(36) Uh Dun Holens XI Rea	M/D, or other
19. 19. 19 19. Mus. Manuel N. Megistrar	Address / rowours Date signed 7/20/76

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WITH UNFADING INK. Supply every item of information carefully. The correct important. Physicians: please write the causes of death clearly and legibble.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICA	IE OF DEATH Reg. Dist. No		
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)  Stale Mary 107 d  County 7/1/29079  City or town County 1/1/29079  (If outside city or town limits, write RURAL and give nearest town)  Street No. 1/2 Fennsylvania Area  (If ruval, give LOCATION)  2.(a) If veteran, name war		
3.(a) FULL NAME  Clorence W. Owens	3. (b) Social Security Number  705-05-5302		
4. Sex   5. Color or race   S.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH September 24 19.46 at		
6.(b) Name of husband or wite largaret Walte Owers  6.(c) If alive, give age 44 years  7. Birth date of deceased (mo., day, yr.) April 20, 1898  8. AGE: Years Months Days If less than one day  48 5 4 hrs. min.  9. Birthplace Town, county, and atate)  10. Usual occupation Machine 20, 25	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19		
11. Industry or business Ba ORR  12. Name Oliker Owens  13. Birthplace Pa,  14. Maiden name Tennie Troutman  15. Birthplace Pa,	Other conditions.  (Include pregnancy within 3 months of death)  Major findings of operations.		
16. Informant Mrs. Margaret Owens  Address // 2 Pennsylvania Ave.	Aulopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:		
17 Borial (Burial, cremation, or removal, Which?)  Cemetery or crematory Hill Grest Cemetery  Location  Compared of Management Compared o	Accident, suicide, or homicide		

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2411 N. Charles St., Baltimore 107,

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CERTIFICA	TE OF DEATH Reg. Dist. No
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
3. (a) FULL NAME	3. (b) Social Security Number
Emme Alice Pennington	None
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Single	20, DATE OF DEATH
8. (c) Name of husband or wife	and that I last saw h lally on 19.7 Country on OURATION
9. Birthplace Cumberland, Allegany 60, Maryland (Town, county, and state)  10. Usual occupation Worker Salvatation Army  11. Industry or business Salvatation Army  12. Name John Whitehead.  21. Marker Salvatation Army  13. Birthplace England	Due to
置 t4. Malden name Unknown	Major findings of operations 77 0005
14. Malden name	Bate of op. Z
16. Informant Miss Rose O'Net1	Antopsy results
Address 2816. Harlem Ave, Baltimore 16, Md  17. Burial Bare Market Bate thereof 9/26/46 (Month) (day) (year)  Cemetery or crematory Rose Hill Cemetery  Location Cumberland, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
16. Funeral director. William H. Kight  Address Cumberland, To Fracklis M. (Date ford by registrar)  19. Date ford by registrar)	23. SIONATUBE 23

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11	N.	Charles	St.,	Baltimore	(131-
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## CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Maryland County alkan
(If outside city or town limits, write RURAL and give nearest town)	City or town General deland
How long in above place of dealh?	(If outsiducity or town limits, write RURAL and give nearest town)
804 Hashington st	Sireet No
How long in hospital or instillution?	2.(a) If veteran, name war
3. (a) FULL NAME LO DO TO	3.(b) Social Security Number
4, Sex   5, Color oprace,   6, (a) Single, married, widowed, or divorced	(1) (In)
male Mite married	MEDICAL CERTIFICATION  20. DATE OF DEATH. Supplemental Su
8.(b) Name of husband or wife. Sugamah a. Fetters	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from 4 9 422 19.46
7. Sirth date of A 7 9 T T L	and that I last saw h. Line alive on 4 2 19
8. AGE: Years   Monihs   Days   If less than one day	Immediate cause uf death
6/ 10 6hrsmln.	Homeste J 14- & Report
9. Birthplace Oubline (Town, couply, and state)	Due Io.
10. Usual occupation Merchant	Que ta
11. Industry or business Candy Business	9UE 10
12, Namo Feters  13. Birtholace	Dther conditions
El The Mai Jacon	(Include pregnancy within 3 months of death)
14. Malden name. J. Loto. Malden name. Malden name. J. Loto. Malden name. J. Loto. Malden name. J. Loto. Malden name. J. Loto. Malde	Majur findings of operations.
MADA: ( AAAA AAAA P) / AAA	Date of op
18. Informant / Out	Autupsy results PHYSICIAN: Please noderline the cause tu which death should be charged statistically.
Address unilland, met	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which)	Accident, suicide, or homicide
Cemetery or cremalory Allerest Class	Where did injury occur?
Location Cumberland md	Injured at home, tarm, industry, public place (where?)
18. Funeral director Lawis Steries Inc.	Means of Injury Injured at work?
Address Cumberland, ma	Mr. all of me.
19. Sept. 7, 19 46 J. P. Franklin, M.D.	23. SIGNATURE M. D. or other
(Date Vec'd by registrar) Registrar	Address / Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1912

### CERTIFICATE OF DEATH

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		1/
g. Dist.	No.	4

1. PLACE OF DEATH: County Allegany			gany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)		
City or town		State Maryland County Allegany				
(If	outside city or town li	mits, write	RURAL and give nearest town)	City or town	and	
How long in above place	e of death?	49.	ears			
Hospital, Institution, o	r street address where	death occurr	ed:  -	Street No. 11. Browning S		
	11. Brown			(If rural, give l	LOCATION)	
How long in hospital o	or Institution?			2.(a) If veteran, name war		
3. (a) FULL NAM	l <b>E</b>				3. (b) Social Security Number	
	Ella S.	Penci	e		None	
4. Sex	5. Color or race	6.(a)Sing	gle, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Female	White		Married	20. DATE DE DEATH. SOPTOMDE	er 16 1146 at 11 A	
a (h) Nama at husband	d as wife J	av D.	Ranck	21. I CERTIFY that death occurred on the date abou		
				Care 18	10 Left 16 18 1	
7. Birth date of			(c) If alive, give ageyeara	and that t last saw h	Les 1976	
deceased (mo., day,	yr.) Augu	st 22				
8. AGE: Year	rs Months	Days	If less than one day	Immediate cause of death	detes 1944	
80	2	21	hrsmin.	Chou neshill		
There	364 1 1	e Fra	Itom Co Penne	Due to Color School Color	- 1212	
9. Birthplace	(Town,	county, and	lton Co, Penna	Due 10.	A. J	
40 Hours engagedon	H	louse !	Wife			
				Due fo		
11. Industry or busine		wn Hon		•••••		
12. Name	William	H. D	owns Pa.	Dther conditions		
13. Birthplace	McConnel	sburg	Pa.	(Include pregnancy within 3 m	- Ale of Joseph	
14. Maiden name	Elizabe	th Ch	isholm			
E 14. maigen name	44			Major findings of operations		
≥ 15. Birthplace	10		ounty, Penna	••••••••••••••••••••••••	Date of op	
16. Informanf	Jay D.	Ranck	***************************************	Autopsy results		
			mberland, Md.	PHYSICIAN: Please underline the cause to wh		
				22. VIOLENCE: tf death was due to external caus		
17Bur	ial on, or removal. Which?	Date fh	ereof	Accident, suicide, or homicide	Date of	
			Presbyterian Cem	Where did injury occur?(City or town)		
Location	Warf	ordsb	urg, Pa.	Injured at home, farm, Industry, public place (wh	/ /	
10 Europal discréss	W411	iam H	Kight	Meana of Injury	tnjured at work?	
				01/1/1/	leasonted	
Address		amber	land, Md.	23. SIGNATURE		
. Sept.	17 .46	L	1. traukle M.D	1 1/1/1	M. D. or other	
(Date per'd by r	/7 19.46 egistrar)		Registrar	Address Quest Schule	Willed A Date signed 9 1 5/1	

SEP 25 1946 BUREAU V.S.

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### CERTIFICATE OF DEATH

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother)
County	State Maryland County allegamy
City or town (If ourside city or town lamits, write by RAL, gold kive nearest town)	all me acousticals
How long in above place of death? Light takel	City or town
Hospital, Institution, or street address where death occurred:	Street No. Street No. Street No.
Daigeas wowe	(If part, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
John Il. Toberlan	1 219-01-4819
4. Sex 5. Color or race 6.(a) Single, married, withowed, or divorced	MEDICAL CERTIFICATION
Frake Strite Marsied	20. DATE OF DEATH Sept 25 1846 218 10 A M
Qualin Obalker Starbers	CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife.	Sept. 25 19.46 10 Sept. 25 18.86
7. Birth date of	and that I last saw have alive on Suff 2.5
deceased (mo., day, yr.) Upnl 28, 1861	Immediate cause of death
8. AGE: Years Months Days It less than one day	Corney reclusion
85 4 27hrsmin.	
9. Birthplace & as Macar Lieuas (Illegany Os I	Aus to
(Town, county, and state)	
10. Usual occupation	Due to
11. Industry or business deviges greek coul as	
E 12. Name Savia Collection	Other conditions
13. Birthplace Yuva Scartia	(Include pregnancy within months of death)
14. Malden name Jack Gordon  15. Birthplace Dawa Scotia	Majnr findings of operations.
15 Birthology Canara Section	Pain of an
min the solutte the	Animosy results.
16. Informant Mass. Call and Mills all share	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address & maching, for	22. VIOLENCE: It death was due to external causes, till in the following:
(Burial, cremation, or removal, Which?)  Dale thereot (month) (day) (weat)	Accident, suicide, or homicide
abol- le Comentain	Where did injury occur? (City or town) (County) (State)
Cemetery or crematory.	(City or town) (County) (State)
Location XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
18. Funeral director. The Lordhome	Maans of Injury Injured at work?
Address Im acoming Md.	11. De Hada son he ha
0 + 17	23. SIGNATURE M. D. or other
19. Sept d 19. 46 femalem 17.1  (Date projet by registrar)  Registrar	Address Longerus but Date signed Sell 26 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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(Date rec'd by registrar)

OCT 2 1946

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (57.2)

### CERTIFICATE OF DEATH

08667 9 Reg. Dist. No. ...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Officany	(For newborn infantagive residence of mother)
City or town(1f partside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	(it outside city or town limits, write RURAL and give peacest (wwn)
Hospital, Institution, or street address where death occurred:	Street No. The block
How long in hospital or Institution? 10 17 20 20 20 20 20 20 20 20 20 20 20 20 20	(If rural, give LOCATION)
3.(a) FULL NAME Kennedy See	3. (b) Social Security Number
Baty Bay Roberts	3. (0) Social Security Number
4. Sex 5. Color or race 6.(a) Single married, widowed, or divorced	MEDICAL CERTIFICATION
male White Single	20. DATE OF DEATH SAR 24 19.46, 21. [ ] 30 p. N
8.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
	34 24 1946 10 Sept 24 1946
7. Birth date of deceased (mo., day, yr.) Seft 24 46	aed that I last saw h A and alive on 19.11
8. AGE: Years   Months   Days   It less than one day	Immediaje cause of death
	Blue
a Richard Frestlyna alle and Max	Que to Parketh Startandie
A, and state	ant-Kin-
10. Usual occupation.	Due to
11. Industry or business	
E 12. Name & Start Toverson	Other conditions
a 13. Birthplace Catterny, Mo	(Include pregnancy within 3 months of death)
14. Maiden name lettuch Bananane  15. Birthplace	Major findings of operations
El 15. Birthplace Macon Mai	Date of op.
16. Interment 20 Dury Polystown	Antopsy results.
Address Slavotoren, n. Y. Sarage, M.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Buna Pate thereof 9-26/1946	22. VIOLENCE: It death was due to external causes, till in the tollowing:  Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	,
Cemelery or crematory. The Man Colombia	Where did injury occur?
Location Day and Lyd	Injured at home, tarm, Industry, public place (where?)
18. Funeral director Lace To Dayle	Means of Injury Injured at work?
Address Thoselling My .	A alen & Menon hard
9-21 Marine X/ Pro	23. SIGNATURE M.D. or other
19. (Date rec'd by registrar)  Registrar	Address Crimbul Cush te signed 26.

RECEIVED A SEP 28 1945 RTREAD VE

2411 N. Charles St., Baltimore 93-0

### CERTIFICATE OF DEATH

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ĵ	00	00	11
	Diat.	No	

	Reg. Diat. No
1. PLACE OF DEATH:  County Llygany	2. USUAL RESIDENCE (HOME) OF DECEASED: (Bornewborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	City or town. (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	Street No. 8 / Le Bushangaran (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME Morris Prosentan	3. (b) Social Security Number
Inale Hinte Prayried, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH SULLY 30 1846 at 12 4 M
8.(b) Name of husband or wife Catthin 63 ambinger	21. I CERTIFY that death occurred on the dats above stated; that I attended deceased from
7. Birth date of dscsased (mo., dsy, yr.) July 5 1880	and that I last sawil Line and Strate So. 19 4 6.  Immediate cause of death DURATION
8. AGE: Vsars Months Days If less than one day  66 2 15	acute myocardeal Farbur 10 min
9. Birthpiace Combutand atate)	Due to Prysended Service 10 yrs.
10. Usual occupation	Bue-10.
E 12. Name Simon Proudant	Other conditions Cetebral Embolus (left) & days.
13. Birthplace Strang.  14. Malden name Riska Prathan  15. Birthplace Baltimore Ind.	(Isclude pregnancy within 3 months of death)  Major findings of operations.
\$ 15. Birthplace Baltimore Ind.	Date of op.
Address Comberland and.	Autopsy results
(Burial, cremation, or removal, Which?)  Date thereof Amonth (day) (year)	22. VIOLENCE: If death was due to external causss, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory East, Vient Censul.	Where did Injury occur?
Location Consulerland	Injured at home, farm, industry, public place (where?)
18. Funeral director Attino Stan One	Mesns of tnjury Injured at work?
Address Comberland.	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar)  (Date rec'd by registrar)  (Date rec'd by registrar)	Address J - S Liberty St Date signed 9/30/46

ARGIN RESERVED FOR BINDING

ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly.

PLAINLY, WITH CA'F is especially important.

WRITE

PLEASE '



## CERTIFICATE OF DEATH

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	ate limita			2411 N. Cha	TE OF DEATH  Reg. Diat. No.	·4	
1. Cour	Allegany				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City	or townC	umberland outside city or town li	Md.	URAL and give nearest town)	State Md. County Allegany City or town Cumberland (If outside city or town limits, write RURAL and given		
Hosp	pital, institution of	address where	death occurred	:	1101 E. Oldtown Road		
How	long in hospital o	or institution?			2.(a) If veteran, name war		
3. (	(a) FULL NAM	IE .			3. (b) Social Sect	urity Number	
	Tog	anh T Ro	Tra fran		705-05-48	24.	
4. S	ier JUS	5. Cotor or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
	Male	White	Mar	ried	20. DATE OF DEATH. Sept. 8 19	46 at 6 A.	
6.(8		or wifeAnni			21. I CERTIFY that death occurred on the date above stated; that I attended		
7.8	Rirth date of			) If alive, give ageye	and that I last saw h im De ad Sept. 8		
		yr.) Mar. 4		If less than one day	Immediats cause of death	DURATION	
8.	AGE: Year		Days	hrs	Coronery occlusion		
9.		1		tate)			
				tate)			
					Duc IV	1	
		ss B&O					
THE	12. NameAk	Lonard now.	rey		Other conditions	0.0000000000000000000000000000000000000	
					(include pregnaticy within a months of death)		
THE	14. Maiden name	Jane Brown			Major hadiugs of operations		
M	15. Birthplace	Engla	nd		Date of op.		
16.	. Informant M	rs Annie V	Rowley	<u> </u>	Antopay results	arged statistically	
	Address C	umberland,	Md.				
17.	17. Burial Date thereot Sept. 11, 1946. (Burial, cremation, or removal, Which?)					*******************************	
	Cemetery or crema	tory Rose H	Ill Cen	la	Whera did injury occur?	(State)	
11	Location Cumberland, Md.				Injured at home, tarm, industry, public place (where?)		
18.	. Funeral director	Louis	Stein ]	nc.	Meane of Injury Injured at work	1	
	Address C1	umberland,	Md.		23. SIGNATURE H.V.Deming M.D. 2/.	Suring	
194	Sept.	10 1946	let.	Franklein, M. L.	7.1		
1,0	(Date rec'd by r	egistrar)	/	Regist	ar Address / 2 5 Bull & Date s	igned Z-Z-Z-Z-Z-Z-Z-Z-Z-Z-Z-Z-Z-Z-Z-Z-Z-Z	

SEP 18 1946

CERTIFICATE OF DEATH

2411 N	1. (	Charles	St.,	Baltimore	830
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2411	N.	Charles	St.,	Baltimore 830
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4	Reg	Dist	No	

	Reg. Diat. No.
1. PLACE OF DEATH: County Cliffy 1	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give reaispine of mother)
City or town	State Maryland county Allgany, City or town Thumberland DO
How tong in above place of death?	(If outside city or town limits, write RURAL and give hearest town)  Street No. 10 3
How long in hospital or Institution?	(If rural, give LOCATION)
	2.(-) (1 resoluti filame was
3. (a) FULL NAME  May Lena  4. Sex  5. Color or race, 76. (a) Single, Imarried, widowed, or divagged	iliski 3. (b) Social Security Number
Lemale I hith Married Wildowed or divarged	MEDICAL CERTIFICATION  20. DATE OF DEATH Supply 1846 at 11:50 f
6.(b) Name of hueband or wife that M. Savelishi  6.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from
7. Birth date of deceased (mo., dey, yr.) April 27, 1873	and that I last saw h Lt. alive on St. 5. T. 19.7.6.  Immediate cause of death DURATION
8. AGE: Yeare Months Days If less than one day	Ceretial-apapling
9. Birthplace (Town, county, and atate)	Due to Ity pas lesseped
10. Usual occupation.	Due to
11. industry or buelnese	
12. Name Mm. Male 13. Birtholace Lemany.	Dther conditions
	(Include pregnancy within 3 months of death)  Major findings of operations.
14. Malden name III fry The What I should be s	
16. Informant J. Edward Savetisks	Autopsy results
Address Mintelland 11 (1) Burief Date thereof 9/3/1/46.	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
(Burial, cremation, or remova). Which?)  Cemetery or crematory.	Where did injury occur? (City or town) (County) (State)
Location turner Street	Injured at home, farm, Industry, public place (where?)
18. Funeral director Laws Stury Inc.	Meane of Injury Injured at Works
Addys II Friding My	23. SIGNATURE M. D. or other
(Date rec'd by registrar)  (Date rec'd by registrar)  Registrar	Address 49 Melle A Date signed 9-23-46

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

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	Reg.	Dist.	No.	 		l	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)				
County Allegary					
City or town	State Of Angland County County				
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)				
Hospital, Institution, or street addresa where death occurred:	street No. 5-31 Greane ave.				
Memorial grayo.	(If rural, give LOCATION)				
How long in hospital or institution? One half his	2.(a) It veteran, name war				
3. (a) FULL NAME	3. (b) Social Security Number				
Serry 8. Ship	ley 705-05-8138				
4. Sex 5. Color or race 6.(a) Single-married widowed, or error en	MEDICAL CERTIFICATION				
Male White Widowell	20. DATE DE DEATH 9- 27-19-4621 M				
Mary Scatt.	21. I CERLEY that death occurred on the date above atated; that I attended deceased from				
6.(b) Name of huaband or wife	9.20 - 10 4010 9-2254				
7. Birth date of	and that I leat saw housestive on				
deceased (mo., day, yr.) Teb 20 18 8 0	Immediate cause of death				
8. AGE: Years Months Days It leas than one day					
66 / I min.	logonary & M				
9. Birthplace Orleans Cross Qd. W.Va	Due to Duste				
(Town, county, and state)	Thursday				
1D. Usual occupation. Man Supalicker	Due to.				
11. Industry or businesa 13 4 0					
12. Name Ann Skipley  13. Birtholope / est / a.	Other conditions				
13. Birtholad rest va.	(Include pregnancy within 3 months of death)				
14. Maiden name Janey Juvoon.	2 1920				
15. Birthplace West Va	Major findings of operations.  Date of op				
10 11 11 11 11 11 11 11 11 11 11 11 11 1	Autopsy results.				
16. Informant Mar. The Market	PHYSICIAN: Please underline the cause to which death should be charged statistically.				
Addresa umberland 11/0.	22, VIOLENCE: It death was due to external causes, till in the toilowing;				
(Burial, cremation, or removal. Which?)	Accident, aulcide, or homicide				
Cemetery or crematory Nillcress Cem	Where did injury occur?				
Cemerery of Crematory	Injured at home, farm, industry, public place (where?)				
Location Davido	Maans of Injury  Anjured at work?				
18. Funeral director of auto Alling Inc	JY 21.				
Address 1/7 Frederick Street					
lost 2341 1 Pota 11: m. S	23. SIGNATURE				
(Date of d by registrar)	Address Mulled Quality signed 9.38.44				

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

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OCT 1 1946
BUREAU TE

age

DR WILLIAMS

Hospitat, institution, or street address where death occurred: MEMORIAL HOSPITAL

5. Color or race

WHITE

Months

JOHN

(Burial, cremation, or removal hich?)

C. SHUMAKER

OTTIE MOUSE

GRANT, IDEA

T. SHUMAKER

W. VA.

VA.

Date thereof...

MARY JACK

MEMORIAL HOSPITAL

CUMBERLAND MD.

MERCHANT

Days

(If outside city or town limits, write RURAL and give nearest town)

6.(a) Single, married, widowed, or divorced

B.(c) If alive, give age ......years

(month) (day) (year)

23. SIGNATURE

Registrar | Address

If less than one day

MARRIED

1. PLACE OF DEATH: County ALLEGANY

3. (a) FULL NAME

4. Sex

MALE

7. Birth date of deceased (mo., day, yr.)

10. Usual occupation. 11. Industry or business

13. Birthplace

14. Maiden name

Cemetery or crematory

14. Maiden na 15. Birthplace

16. informant

Address

8. AGE: 59

ROBERT

8.(b) Name of husband or wite

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 470

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## CERTIFICAT

E OF DEATH	Reg. Dist. No.
2. USUAL RESIDENCE (HOME (For newborn infents give residence) State. W. VA.  City or town. WILSON W. (If outside city or town	County Laux
Street No(If rural, 2.(a) tf veteran, name war	give LOCATION)
	3. (b) Social Security Number
MEDICAL	CERTIFICATION
an matab	40 000
	19.46. at 2.22AF1
	te above stated; that i attended deceased from  18. 46 to
Due 10	Logono ?
Due to	•
Other conditions	
(Include pregnancy with	in 3 months of death)
Major findings of operations.	
Autopsy results	to which desth should be charged statistically.
22. VIOLENCE: tt death was due to extern	
Accident, suicide, or homicide	
Injured at home, farm, todustry, public pla	ce (where?)
700	1 7 1.

information carefully. The correct of death clearly and legibly. every item of i K. Supply even UNFADING INK. WITH UNF important. WRITE PLAINLY, is especially

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OCT 1 1946
BUREAU V.B.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. C

harles	St.,	Baltimore	1
1141100	~	Daitilliore	16

# CERTIFICATE OF DEATH

Reg. Dist. No

08673

	**************************************
1. PLACE OF DEATHS	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants/kive resignee of mother)
County Williamy	m. In allen
City or lown (If outside city or town limits) write RURAL and give nearest town)	00 5
How long in above place of death? Unlansum	(11 outsidecity or town limits, write NGRAL and give nearest town)
Hospital, Institution or street address where death occurred:	Street No. Winchester Cld.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Joseph Thomas Sin	yeson Ilone
4. Sex S/Color or race 6.(a) Single, mounted, widewed, or discovered	MEDICAL CERTIFICATION
Male While wedgined	20. DATE DE DEATH 10 Sels 19 46, at 9 30
6.(b) Name of husband or wife & sessional Melson	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	3 Sels 19 46, 10 10 Sels 19 48
7. Birth date of deceased (mo., day, yr.) May 29, 1869	and that I last saw h. Lu. alive on 10 Sef
	Immediate cause of death Acco Land geal DURATION
MH 2 11	lucinia, due to hemordiage 1657
	framalophagla vances variety
9. Birthplace (Town, county, and state)	Due to Corcinotha Il Cure,
10 Parage lack	Selandary to Carolinamia elsentie
	Due to Pasacony putes of pancers legalenous curly
11. Industry or business	Defensite note heat dione 64
E 12. Name Jrs. J. Simpson	Other conditions 128t's Oceans ?
13. Birthplace England	(Ipelyde pregnancy within 3 months of death)
= 14. Malden name 20 Culturarum	me herolitheasis
W 15. Birthplace Makengan	Date of on.
18 interment Mrs. Ethel Robertson.	Autopsy results.
Address Osesaptawn	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B. 12/46	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or remova). Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. St. Leange.	Where did injury occur?
Location Mt Savage	Injured at home, farm, industry, public place (where?)
Pillton V	Means of injury / Injured at work?
18. Funeral director	4 00 6 1
Address ( fumberland ) Address	23. SIGNATURE TOWELLO OF Westvar MD
10 Soft. 12 10 Hle & Y Mankeli, M.D.	M. D. or other
(Date rec'd by registrar)	Address ASSAUTOCOG, UG and Date signed 1134 16

PLEASE WRITE PLAINLY, WITH UNFADING INK Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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SEP 18 1945
FUREAU V.S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (126)

# CERTIFICATE OF DEATH

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X	Rog. Dist	No.C.	4

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED:
county Allegany				11	ounty Mineral
Clty or town (if outside city or town limits, write RURAL and give nearest town)			URAL and give nearest town		
1				City or town Ridgeles	its, write RURAL and give pearest town
Hospital, Institution, or	street address where	death occurred	1		
Allegany	Hospita	al. Cu	mberland, Md.	Street No	ve LOCATION)
				2.(a) if veteran, name war	
		//		Z.(U) if veterall, harne wat	
3. (a) FULL NAME	· /Ye	lena			3. (b) Social Security Number
Mi	ss Annie	Snyd	er		1213-22-3619
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL C	CERTIFICATION
F.	W.	S		20. DATE OF DEATH. Septemb	ber 18 . 46 . 4:38 A.
				21. I CERTIFY that death occurred on the date a	
	***************************************	6.(	e) If alive, give ageyears		946 10 4 6
7. Birth date of deceased (mo., day, y	9,	18/06		and that I last saw halive on	Lange the Land Land Land Land
8. AGE: Years		Days	It less than one day	Immediate cause of death	
40		10		Loudial A	
40	0	10	min.	Commen	January 1
9. Birthplace	est Vir	ginia,	Ridgeley, Mineral	Gois /	
1D. Usual occupation				***************************************	······································
				Due to	***************************************
11. Industry or business		e Corp			
12. Name	Char	les And	irew Snyder	Other conditions.	Mac #5 00 9-16-46
13. Birthplace	Ad	ams Co	inty, Penna.		
2	Mary	Jane	Herrick	(Include pregnancy within	3 months of death)
14. Malden name W 15. Birthplace				Major findings of operations	2 radde pull
15. Birthplace	Mi	neral	County, W. Va.	unil stres.	Date of op. Sef 16A
18 Informant All	egany H	ospita	1	Autopsy results	
	berland			PHYSICIAN: Please underline the cause to	
Address Cun	IDEL TRIID			22. VIOLENCE: If death was due to external co	auses, till in the tollowing;
17 Bur ia 1 Date thereof Sept. 21, 1946 (month) (day) (year)			of Sept. 21, 1946	Accident, suicide, or homicide	
(Burial, cremation	or removal, Which	h no ce	(month) (day) (year)		
Cemetery or crematory. St. Ambrose			•••••••	Where did injury occur?(City or town)	) (County) (State)
Location Cresapt own, Md.			Md.	Injured at home, farm, Industry, public place (	(where?)
1B. Funeral director. N. L. Rogerts				Means of Injury	Injured at work?
Address Keyser, W. Va.				1	8 24 - 35
011		1	F-11. July	23. SIGNATURE	M. D. or other
1900 PN. 1	9 1946	Jal.	· Orankun M. D. Registrar	Address 49 Free	en Opic signed 9-19-46

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BUREAU V.S.

# DR. HODGES

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 55,0

# CERTIFICATE OF DEATH

08675

Reg. Diat. No.

Date signed To Sydy6

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  MARYLAND State  County  County  County  City or fown  (If outside city or town limits, write RURAL and give nearest town)  Street No. 423 VIRGINIA AVE.  (If rural, give LOCATION)  2.(a) It veteran, name war.
FEMALE SEPSRATED SEPSRATED	MEDICAL CERTIFICATION SEPT. 30, 1946 4;55 A.M.
6.(6) Name of husband or wifeJAMES SPIGELMYER (SEPARATED)  6.(c) If alive, give age39years  7. Birth dale of deceased (mo., day, yr.)  SEPT-4 / 9 / /	21. I CERTIFY that dealh occurred on the date above stated; that I altended deceased from  2. Sq. 19. 4.6., to 3.0 Sq. 19. 4.6.  and that I last saw h. 2. alive on 3.0 Sq. 4.6.  Immediate cause of death.  DURATION
8. AGE: Years   Months   Days   If less than one day	generalzed Carametris I gr
8. Birthplace	Due to
14. Maiden name AGNES PFTESTER  15. Birthplace  16. Informant Address  17. Burial, cremation, or removal Which?  Cemetery or crematory  Location  18. Funeral director.	Major findings of operations.  Date of op.  Autopsy results. 9 ch cr A / 2 cd Arcino han tolis 9  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, till in the following:  Accident, suicide, or homicide.  Date of  Where did injury occur?  (City or town)  (County)  (State)  Injured at home, tarm, industry, public place (where?)  Msans of injury  injured af work?
19. (Date rec'd for registrar)  Address  Limberland M  P. Franklin, M  Registrar	23. SIGNATURE July Buller B. M. D. or other  Address. 12 Redful M. D. ar other  Date signed To Syds

MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly.

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Ch.

arles	St.,	Baltimore	920
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CERTIFICATE OF DEATH					
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State				
3. (a) FULL NAME	3. (b) Social Security Number				
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced  Fence Mult Married  B.(b) Name of husband or wife.	MEDICAL CERTIFICATION  20. DATE OF DEATH.  21. I CERTIFY that death occurred on the date above stated; that Kallended deceased from  19				
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day	and that I last saw how alive on the same of death and the same of				
10. Usual occupation	Other condilions (Include pregnancy within 3 months of death)  Major findings of operations.				
16. Informant Address Clother Prid.  Address Clother Prid.  [Burial, cremation, or removal, Whigh?]  [Burial, cremation, or removal, Whigh?]  [Burial, cremation, or removal, Whigh?]	Autopey results				
Comelery or cremalory Address Come	Where did injury occur?				
18. Funeral director. Janis Steris De. Address Charberland and	Means of injury Injured at work?				
19. Sept 7 1946 ms E.a. Shauholf Registrar)	Address 33 Va au Date signed 5 45				



15 B

W.F. WILLIAMS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every tem of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BINDING

MARGIN RESERVED FOR

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-0)

08677

## CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DE	ATH:		2. USUAL RESIDENCE (HOME) 01 (For newborn infants give residence of	F DECEASED:
county Allegany		State West Virginia Cou	MIneral	
City or town Cumberland (If outside city or town limits, write RURAL and give nearest town)		0		
How long in above piace	of death?30	days	City or town Piedmont (If outside city or town limits	s, write RURAL and give nearest town)
Hospital, institution, or	r street address where	feath occurred:	Street No. 9 Forcas Street	et
Memo	orial Hos	pital	(If rural, give	LOCATION)
How long in hospital o	r Institution?30	Days	2.(a) It veteran, name war	V
3. (a) FULL NAM	E			3. (b) Social Security Number
Sulliva	n. Charle	2.5		
4. Sex	n Charle	6.(a)Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION
Male	W	Married	20 Days of Deart September 6	19.46 at 9:00p
		77	21. I CESTIFY that death occurred on the date abo	
		May Henry	aug J	
				Nept (ax 6
7. Birth date of deceased (mo., day,	yr.) 9-15-19	909	Immedia ruse of doub	
8. AGE: Year		Days   If less than one day	1	8/0 Krits
3	6 11	2 /hrsmin.	Trouve	
			C Mule	Comme
		118 county, and atate)	Due to	
to. Usual occupation.	Electr	ician	Due to.	
** Industry or busine	west Vi	rginia Bulp& BaperC		
	llivan, V	Villiam 6	Dither conditions	
12. Name Su t3. Birthplace		Inknown		
			(Include pregnancy within 3	_
t4. Malden name	/	ora	Major findings of operations.	Orro
15. Birthplace	l.	nevous		Date of op.
16. InformantMe	morial H	ospital		2
		, Mary land	PHYSICIAN: Please underline the cause to w	
17		1./+ 9.001	22. VIOLENCE: If death was due to external car	
17. Hurial, crematio	n, or removal. Which?	Date thereof (month) (day) (year)	Accident, suicide, or homicide	Date of
Cemetery or cremat	tory W. Land	bre Gle Til	Whers did injury occur?(City or town)	(County) (State)
Location De Disterration of Dudy			Injured at home, farm, industry, public place (w	
tB. Funeral director	ET II	with the source	Means of Injury	tnjured at work?
	Want	Tarland Will	71.7	Hier .
Address	2 111	0/0+111: m)	23. SIGNATURE	M. D.
19. Paterec'd by	9 49 46 (gistrar)	J. J. maiklin, Registrar	Addressembles	and Date signed 9-6-4
1/		1/		

SEP 18 1946

2411 N. Charles St., Baltimore 159

# CERTIFICATE OF DEATH

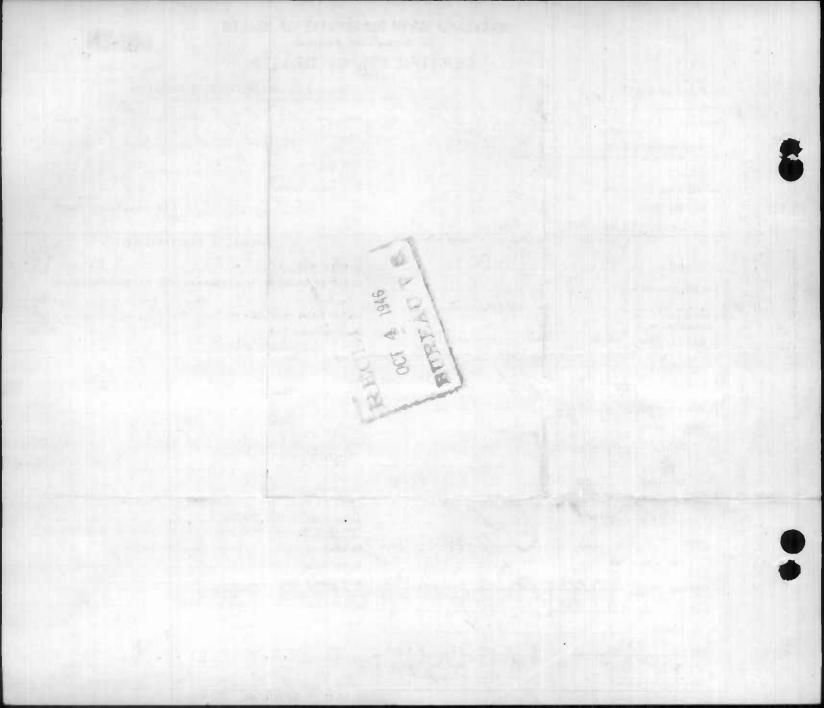
08678

Reg. Dist. No....

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give-residence of mother)	
County	State Mass Cased County alle &	ann
City or town. (If outside city or town limits, write RURAL and rive nearest town)	O. O	***************************************
How long in above place of death?	City or town	ent town)
Hospital, institution, or street address where death occurred:	Street No.	
	(If rural, give LOCATION)	
How long In hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security P	lumber
Don Ellsworth Tipton		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	about
male white single	2D. DATE DF DEATH Sept. 30 19.46	3 A. M
6.(b) Name of husband or wife Langarit	21. I CERTIFY that death occurred on the date above stated; that I attended decea	- 51
year	and that I last saw him ally Dead Sept 30	1.46
7. Birth date of deceased (mo., day, yr.)		DURATION
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death	MOITANDE
2 weeks min		000000000000000000000000000000000000000
	Due to.	0.00
9. Birthplace Manual Town, county, and state)	/	*******************
tD. Usual occupation	Dua to	
11. Industry or business		*****************************
12. Name follow Tanton	Other conditions Atelectasis (bi-lateral)	2 weeks
12. Name & Lis Janton  13. Birthplace Gilmore Md.	& Bronche Pneumonia	
	(Include pregnancy within 3 months of death)	
	Major findings of operations.	
\$ 15. Birthplace Long acinung His.	Bate of op.	
16. Informant & Keworth / Astsoup	Autopsy results. AS ADOVE  PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address & ilma and ama		tationCany.
17 Barrial Date thereof Oct. 1, 1946	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burlal, cremation, or removal, Which?)  Date thereof (mouth) (day) (year)	Accident, suicide, or homicide	
Cometery or crematory Old Tovally Consisters	Where did injury occur?	(State)
Location	Injured at home, farm, industry, public place (where?)	
18. Funeral director. The English Strain	Means of injury injured at work?	
Nac a Con a		1
Address Goldanning Tool	23. SIGNATURE H.V. Deming M.D. /4-V. M.D.	10.2
1) 1 / / / / / / / / / / / / / / / / / /		r otnes
19. Oct 19.46 Jarette m Brown Registra	A A A A A	19 1.11

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. - MARGIN RESERVED FOR BINDING

VS A15



#### MARYLAND STATE DEPARTMENT OF HEALTH

00670

	CERTIFICATE OF DEATH	Reg. Dist. No	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		

OBIGINI ICA	Reg. Dist. No.	L
1. PLACE OF DEATH:  County	Slate County ALE GATY  City or town (If outside city or town limits, write RURAL and give nearest	2
4. Sex   5. Color or race   6.(a) Single, married, pidoyed, or divorced	MEDICAL CERTIFICATION	
Female White Widowed	20. DATE OF DEATH SEAT 16 19.46 21.	7307
8. (b) Name of husband or wife. Alandas V. Twingg  7. Birth date of deceased (mo., day, yr.) March 21, 1876	of that I last saw h & alive on & Chr.	19.44 19.44
8. AGE: Years Months Days If less than one day 70 5 25 hrs. ml 9. Birthplace Artemas Bedford Co., Par	1. Jugaria kad of Standard	DURATION
10. Usual occupation. Housewite	Due to	
12. Name. Tosep 4 5-14 13. Birthplace Pa.	Diher conditions	
14. Maiden name Barbara Cavender  15. Birthplace Pq.	(Include pregnancy within 3 months of death)  Major findings of operations	
16. informant Mrs. Louis Hast	Autopsy results	
Address 700 Frederick St. Cumberland, Ma  17. Burial (Burial, cremation, or removal, Which?)  Date thereof. Sept. 19, 1946 (month) (day) (year)		**********
Cemetery or crematory Greenmount Cometary		ate)

PLEASE WRI

Meens of Injury

Injured at home, farm, Industry, public place (where?)

Injured at work?

SEP 25 1967 BUREAU V.B.

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The correct age

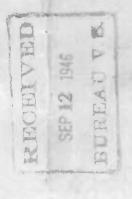
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

# CERTIFICATE OF DEATH

11868119 Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County	-md allegans	
City or town	State	
How long in above place of death?	City or town	
Hospital, Institution, or street address where death occurred:	Street No. 135 Washington	
	(If rural, give LOCATIVN)	
How long In hospital or Institution?	2.(a) 11 veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
John Woffing W	alson 213-09-6598	
4. Sex 5. Color or face 6.(a) Single, married, will all or divorced	MEDICAL CERTIFICATION	
m w married	20, DATE DF DEATH Sept 9 19.4 6, 21 M	
B. (b) Name of husband or wife Mary Jane Waton	21. I CERTIFY that death occurred on the date above stated; that I attended decessed from	
	Sept 2 1946 to SIRT 9 1946	
7. Birth date of	and that Wast saw hadden alive on Sept 7	
deceased (mo., dsy, yr.) april 4 1881	Immedias, cycle of death DURATION	
8. AGE: Years Months Days If less than one day	Ofrome Myorarang 24	
65 2 5 min.	1.7	
9. Birthplace Replace - alleg - ma	Due to	
(Town dounty, and state)	Jan	
1D. Usual occupation	Dus to	
tt. Industry or business		
12. Name 12.	Dither conditions	
13. Birthplace	(Include prognancy within 3 months of death)	
H 14. Maiden name. Assala Close		
15. Birthplace / Scotland	Major findings of operations	
2/ 1/1/67		
16. Informant	Autopsy results	
Address - Jessiburg ma	"22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, eremation, or removal, Which)	Accident, suicide, or homicide	
(Burial, eremation, or removal, Whieh) (month) (day) (year)		
Cemetery or esemetors	Where did Injury occur?	
Location & chaland 1 ma	Injured at home, farm, Industry, public place (where?)	
10 Euros director O. O. Alexand	Means of Injury Injured at work?	
18. Funeral director	1 MAM C	
Address ( ) of raching ma	23. SIGNATURE M.D. or other	
19. 4-10 19.46 Mus. March Registrar	Address Prostbury md Date signed 9-10-46.	



PLEASE

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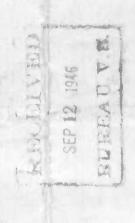
#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Baltimore



08681

	Nog. Mat. 100 min. Amount	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For nawborn in 19th to give residence of mother)	
	State Da County College	
(11 outside city or town limits, write RURAL and give nearest town)	City or town. (If outside city or town limits, write RURAL and two nearest 1994)	
How long in above place of death?	Street No.	
	(If rural, give LOCATION)	
How long In hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Temple Colefied Warred	2D, DATE DE DEATH ALST 3 1946 at 7 M	
5.(b) Name of husband or wife Chro Donas Vollians	21_1 CERTIFY that death occurred on the date above stated; that I attended deceased from	
6.(c) It alive, give age	19.46, to 2.4.1.3. 19.46	
7. Sirth date of	and that I last saw half alive on Shafe the same and the same alive on the same and	
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION	
71 11 4hrsmin.	fr. I for for the state of the	
9. Birthpiace Thursday Is. Via	Due to.	
9. Birthpiace(Town, county, and state)		
1D. Usual occupation Arms to the second seco	Due to	
11. Industry or business		
12. Name Julian	Dther conditions	
	(Include pregnancy within 3 months of death)	
14. Malden name Pranife Dilame  15. Birthplace Property A. Ya.	Major findings of operations.	
El 15. 8 irthplace / page . W. Ja.	Bate of op.	
16. Informant	Autopsy results	
Address Carlins Marko Ma.	22. VIOLENCE: It death was due to external causes, fill in the tollowing:	
(Burial, cremation, or removal, Which)	Accident, suicide, or homicide,	
Cemetery or crematory.	Where did Injury occur?	
Location Frontishing Iss -	Injured at home, farm, Industry, public place (where?)	
18. Funeral director and STE	Means of injury Injured at work?	
Address Address 22	be Ameland In	
O VID	23. SIGNATURE M. D. or other	
19. (Date rec'd by registrar)	Address Lostony Md Bate signed 9-6-46	



1.5 State of Sun